



جامعة الأمير سّطام بن عبدالعزيز
PRINCE SATTAM BIN ABDULAZIZ UNIVERSITY



THE NURSING SCIENCES PROGRAM QUALITY ASSURANCE MANUAL

College of Nursing
VERSION 2025

THE NURSING
SCIENCES PROGRAM
QUALITY
ASSURANCE MANUAL

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

IN THE NAME OF ALLAH

Guide Contents

Index	Page No.
INTRODUCTION	6
PURPOSE	6
ABBREVIATIONS	7
TERMINOLOGIES	7
POLICY	9
Nursing Sciences Program Overview	10
Mission and Goals of program	11
Program Learning Outcomes*	12
Graduates Attribute of Prince Sattam bin Abdulaziz University	12
Graduates Attribute of the Nursing Sciences Program	13
QUALITY MANAGEMENT SYSTEM	14
Relationship of Quality Assurance to Accreditation	14
The Quality Assurance Framework of Higher Education in Saudi Arabia	14
National Commission for Academic Accreditation and Assessment (NCAAA)	15
National Qualifications Framework for Higher Education in Kingdom of Saudi Arabia (NQF)	16
Organizational Chart	17
TASKS OF THE PROGRAM COMMITTEES	18
Department Council	18
Academic Accreditation Committee	18
Development and Quality Committee	19
Academic Advising Committee	20
Clinical Training and Excellence Committee	21
Community Services Committee	22
Alumni Affairs Committee	22
E-Learning Committee	23
Curricula and Study Plan Committee	23
Learning Resources, Facilities, and Equipment Committee	24
Scientific Research Unit	25
Timetables and Examinations Committee	25
Measurement of Learning Outcomes Committee	25
Measuring performance indicators and survey Committee	26
Professional and Academic Development Committee	26

Guide Contents

Index	Page No.
Students Activities Committee	27
Tasks of Advisory committee	27
Tasks of the student's club	28
Close Quality Loop cycle	28
The Program development and review cycles	29
The Annual Review Cycle	35
Key Performance Indicators and Benchmarking	35
Benchmarking and Improvement Cycle	39
Stakeholders Surveys	40
The surveys used by the Nursing Sciences program	41
Response Scale	42
Standards and mechanism for evaluation and periodic review of academic programs	43
Quality Procedures	44
Standard 1	44
Standard 2	53
Standard 3	59
Standard 4	61
Standard 5	63
NCAAA Program Accreditation Forms	66
References	67

INTRODUCTION

The Quality Assurance process identifies both strengths and weaknesses, formulating corrective and protective plans for the enhancement of academic programs. In the context of higher education reforms in the Arab region and specifically within Saudi Arabia, teaching quality has emerged as a strategic focus. Its significance is increasingly acknowledged by policymakers and diverse higher education providers.

The Nursing Sciences Program implements a comprehensive and robust quality system to ensure excellence in every aspect of the program. Our quality system encompasses the development of clear Program Learning Outcomes (PLOs), Course Learning Outcomes (CLOs), and Graduate Attributes that guide our curriculum design and delivery. We employ a variety of assessment methods to comprehensively evaluate student progress and provide timely feedback for improvement. Additionally, our quality system includes a rigorous program evaluation process that allows us to continuously assess the effectiveness of our program, make data-informed decisions, and implement enhancements to meet the evolving needs of our students and industry demands.

The purpose of this Quality System Manual is to serve as a summarized source of information for the program's quality system, assessment of learning outcomes, and to highlight important QA policies, guidelines, and procedures that support the program's objectives of ensuring the quality of practices across all domains, as well as program accreditation. This manual does not cover every policy in the program. Because the program gets all of its guidance from the University, including policies and procedures, quality practices, and systems, this manual was written with the University's quality manual as a guide.

PURPOSE

The primary objective of academic quality assurance is to ensure the ongoing enhancement of Nursing Sciences Program. This is achieved through a systematic process encompassing self-evaluation, internal review, and constructive criticism from external reviewers, including accreditation bodies at both national and international levels. The quality assurance review scrutinizes five key aspects of the program:

- **Quality:** Evaluating the overall quality of the program.
- **Resource Utilization:** Assessing the efficient use of resources.
- **Alignment with Action Plans and Consistent Mission:** Verifying the implementation of action plans and ensuring alignment with the consistent mission and goals of the program within the university.
- **Adaptability:** Gauging the program's capacity to adapt to evolving circumstances.
- **Review of a program is a tool for well change.**

Purpose of quality assurance in the program

The purpose of quality assurance in the Bachelor of Nursing Sciences program at Prince Sattam Bin Abdulaziz University is to ensure that the program consistently meets established standards of excellence in education, research, and service delivery. Quality assurance mechanisms are put in place to monitor and evaluate the program's performance, identify areas for improvement, and implement necessary changes to enhance the overall quality of education and training provided to students.

ABBREVIATIONS

- **PSAU:** Prince Sattam Bin Abdulaziz University
- **NSP:** Nursing Sciences Program
- **NCAAA:** National Commission for Academic Accreditation and Assessment
- **NQF:** National Qualification framework
- **CES:** Course evaluation surveys
- **PES:** Program evaluation survey
- **SES:** Students experience survey
- **SSS-AC:** Academic staff Satisfaction survey
- **SSS-AD:** Administrative staff satisfaction survey
- **EES:** Employer Evaluation survey
- **SES:** Self-evaluation scales
- **APR:** Annual Program Report
- **CS:** Course Specification
- **FR:** Field Experience Report
- **FS:** Field Experience Specification
- **KPI:** Key Performance Indicator
- **PS:** Program Specification
- **SSRP:** Self-Study Report of the Program
- **AS:** Academic Advising Survey
- **FES:** Field Experience Survey
- **DAS:** Direct Assessment Sheet
- **CLOs:** Course learning outcomes
- **PLOs:** Program leaning outcomes
- **OPWG:** Operational plan work team
- **CR:** Course Report
- **HD:** Head of Department

TERMINOLOGIES

The value, worth, or standard of an institution or program in relation to generally accepted standards for an institution or program of its type.

- **Academic Program:** A coherent course of study is followed by students in an academic or professional field or leading to a professional qualification, the successful completion of which qualifies them for an academic award.
- **Course:** A self-contained unit of study on a particular topic, with defined level, credit value, aims, intended learning outcomes, mode(s) of delivery, scheme of assessment, and possibly also pre- and co-requisites

- **Learning Outcomes:** The learning that results from a course or program undertaken by students. Learning outcomes are the result of the teaching process.
- **Students' achievement:** The level of students' performance within the educational institution, which reflects their achievement of knowledge and skills.
- **Teaching strategies:** This is specific methods such as case studies, practical work, and class discussion, which are apply to develop students' knowledge and skills in various fields
- **Academic Reference standard:** Reference points against which the standards and quality of the program will be compared, therefore, they display general expectations about achievement levels and general characteristics that must be met by a graduate of the program.
- **Academic Standard:** These are specific criteria approved by the institution; they are designed from external national or international references and include the minimum skills and knowledge that are acquired by the program's graduates and supposed to be fulfill the institution's stated mission.
- **Action Plans:** The set of different activities that are design in clear sequence to accomplish specific goals.
- **Assessment:** A process of measuring performance in relation to established standards or criteria.
- **Evaluation:** The process of assessing and assigning value to a facility or activity accreditation formal verification by a recognized authority that a program or an institution meets required standards.
- **Instructor:** Also known as a teacher or educator, is an individual responsible for facilitating the learning process and guiding students in their educational journey.
- **Course coordinator:** Also known as course manager, is an individual who oversees the planning, development, and overall management of a specific course or a group of related courses within an educational institution.
- **Program Committees:** Program committees are established to facilitate collaborative decision-making, address specific program-related issues, and ensure representation from relevant stakeholders.
- **Faculty Members:** Faculty members are responsible for delivering courses, designing curricula, and providing academic guidance to students. They contribute their expertise and knowledge to ensure high-quality teaching and learning within the program.
- **Tasks and Activates:** Tasks are typically a specific, well-defined, and focused actions that can be completed within a relatively shorter timeframe. Activity typically refers to a broader, more encompassing unit of work. It represents a larger, more complex set of actions or operations that are performed to achieve a specific objective or goal.
- **Forms:** Refer to structured documents or templates used to collect, record, and organize information in a standardized format.
- **A Quality System:** alternatively known as a Quality Assurance (QA) system or a Quality Manage-

ment System (QMS), serves as a management framework that ensures the consistent quality of educational outcomes.

- **Records:** Refer to any documented information, data, or evidence that is created, received, maintained, and used by an individual, organization, or system as evidence of activities.
- **Adherence to Quality System Standards:** Is affirmed through successful internal and external reviews conducted by accreditation bodies accepted by Saudi Arabia, such as The National Center for Academic Accreditation & Evaluation (NCAAA).
- **Academic qualification:** A degree awarded to a student upon the completion of an integrated program such as a bachelor's degree.
- **Accreditation:** Formal Verification by a recognized authority that a program or an institution meets required standards.

POLICY

The Academic Quality Assurance Policy encompasses three primary objectives

- **Uphold High Standards and Quality Outcomes:**

Guarantee the maintenance of high standards, ensuring quality outcomes, and fostering continuous improvement within the academic Information Systems program.

- **Identify Strengths and Weaknesses, Apply Corrective Measures:**

Identify paths of strength and weakness and implement corrective and protective methods to continually enhance the academic Information Systems program.

- **Document, Integrate, and Communicate Quality Assurance Procedures:**

Systematically document, integrate, and communicate diverse procedures related to quality assurance processes.

Nursing Sciences Program
O v e r v i e w

Mission and Goals of program

Mission

Graduating qualified cadres specialized in nursing by providing distinguished, high-quality educational and training programs that contribute to improving health services and promoting scientific research and community service, committed to Islamic values and ethical standards.

Objectives

1. Providing distinguished education in the field of nursing that meets the needs of the labor market and is compatible with national and international standards for health education
2. Enhancing the student's skills in evidence-based clinical practice through practical training in hospitals and health centers.
3. The ability to contribute effectively to scientific research activities that contribute to improving the practice of the profession.
4. Partnering with healthcare institutions to promote practical research and innovation in nursing care.
5. Promoting the practice of ethical principles that contribute to providing high-quality health care to all members of society.
6. Activating community partnership to improve health awareness and disease prevention.

Program Learning Outcomes*

Graduates should be able to:

Knowledge and understanding

- K1** | Identify the information, concepts, principles, and theories related to nursing, and supportive sciences
- K2** | Demonstrate knowledge of the physical, psychological, and spiritual needs of individuals, families, and communities within the framework of culture, values and norms across the life span.
- K3** | Demonstrate understanding of the common risks and hazardous health problems competently in individuals, families, and communities.
- K4** | Recognize the evidence-based practice and research methodology of the nursing field.

Skills

- S1** | Apply nursing process for patients \ clients in different settings in case of health and illness.
- S2** | Solve problems in different complex situations related to nursing care in order to improve health status and alleviate suffering.
- S3** | Conduct research methods interrelated to nursing based on the best evidences in accordance with ethical principles.
- S4** | Use critical thinking and information systems to support clinical decision-making and delivery of safe nursing care.

Program Learning Outcomes*

Graduates should be able to:

Values, Autonomy, and Responsibility

- V1** Use ethical and professional disposition committed to autonomy, excellence, equity, advocacy, empathy, compassion, and sustainability.
- V2** Appreciate cognitive flexibility, proficient communication, collaboration, and leadership valuing the variety of individuals and communities.
- V3** Demonstrate responsibility and accountability for care within the scope of the professional and practical level of proficiency with autonomy.

Graduates Attribute of Prince Sattam bin Abdulaziz University

Attribute	Description
1. Breadth of Knowledge	Knowledge that pertains to the principles, concepts and theories in the field of study.
2. Depth of Knowledge	Using acquired knowledge in identifying the various aspects of the latest development of facts and theories in the field and their relevance to other fields.
3. Critical & Creative Thinking	Ability to objectively assess different issues, based on given information, and to reach unconventional evaluation of them.
4. Research Skills	Ability to identify problems, review previous relevant literature, collect and analyze data and recommend solutions.
5. Technical Skills	Having the required field-related skills.
6. Communication Skills	Ability to convey information and communicate effectively and appropriately.
7. Self-directed Lifelong Learning	Commitment to continue learning based on self-assessment of needs.
8. Career Skills	Demonstrating career-related skills such as teamwork, time-management, negotiation, professionalism, collaboration, cooperation, and accountability.
9. Ethical Responsibility	Committing to practice the established common and professional ethical principles.
10. Social Responsibility	Contributing one's knowledge and skills to meet the needs of the society.
11. Confidence & Adaptability	Believing in one's acquired knowledge and skills; and demonstrating ability to adjust to new conditions.

Graduates Attribute of the Nursing Sciences Program

Attribute	Description
1. Breadth of Knowledge	Has in-depth knowledge of concepts, terminology, and theories according to academic levels.
2. Depth of Knowledge	Possesses the skills of continuous self-learning and keeping up with the latest knowledge in the nursing field.
3. Critical & Creative Thinking	Applies critical thinking and problem-solving in various areas of nursing.
4. Research Skills	He / She is aware of professional ethics, scientific research ethics, and the ethics of dealing with technology and its tools.
5. Communication Skills	Has the ability to communicate effectively with others in various academic and nursing fields.
6. Social Responsibility	Able to participate effectively in volunteer work and various community activities.
7. Career Skills	He / She has the ability to lead and work within a team, bear responsibility, and make appropriate decisions in various fields.
8. Confidence & Adaptability	Has the ability to take initiative, adapt, and bring about desired change in diverse environments, and adapt to cultural and social diversity.

QUALITY MANAGEMENT SYSTEM

Relationship of Quality Assurance to Accreditation

- Quality assurance involves the continuous and ongoing monitoring of outcomes to ensure excellence in all academic pursuits. When executed effectively, this process facilitates the constant evolution and adaptation of program operations to address environmental changes and societal needs.
- Accreditation, primarily conducted through evaluations at specific intervals, emphasizes the alignment of programmatic purpose with performance outcomes. Therefore, quality assurance serves as a prerequisite for accreditation whether at the institutional or programmatic level, the accreditation process entails evaluation by either external bodies like NAACLS or internal bodies like NCAAA in Saudi Arabia, based on agreed-upon standards.
- Successful adherence to these standards results in the granting of accreditation. It is crucial to note that accreditation signifies that the institution and its programs meet international standards, necessitating the maintenance of such quality standards as integral to ongoing and long-term performance improvement. Consequently, obtaining accreditation is unlikely without providing evidence of ongoing efforts to assess and evaluate programs, ensuring their sustained effectiveness and quality.

Academic Quality Framework at PSAU

Internal			External
Regular	Annual	Periodic	Academic Accreditation By Accrediting Agencies
Program development	Program Report	Self-Assessment	
course Evaluation	course Report	periodic Surveys	
Academic Counseling	KPI Reports		

The Quality Assurance Framework of Higher Education in Saudi Arabia

- In the realm of higher education, accreditation holds a pivotal role in ensuring quality and effectiveness of institutions. Thus, bestowing academic accreditation carries advantages both at local and international levels. Starting from educational outcomes, accreditation safeguards the interests of students by verifying that the educational programs offered have reached a standard in line with international quality benchmarks. It ensures that students have demonstrated a specific set of skills and abilities. Considering the swift regional and global changes, international competition, and the challenges of the third millennium related to technological advancements and the computer revolution, imparting such skills to students enhances their future prospects and competitiveness in the job market.

- In the quest to enhance the quality of education, accreditation has become a crucial objective for all academic and professional communities to refine educational policies and experiences. The primary challenge for modern educational systems is not only to deliver education but also to ensure that the educational environment and its outcomes maintain high standards. With the aim of elevating quality and adequacy, and contributing to the national economy and development, organizational arrangements for the Council of Ministers’ Resolution No. 94 have endorsed the Education Evaluation Commission issued on 7/2/1438 AH. It designates the commission as the competent authority in the Kingdom of Saudi Arabia to assess and accredit education and training institutions and programs.
- The National Center for Academic Accreditation and Evaluation, overseen by the Commission, is an extension of the former National Commission for Academic Accreditation and Assessment (NCAAA), established under Royal Decree No. 7/B/6024 dated 9/2/1424H. The NCAAA operates as an independent legal entity with administrative and financial governance, serving as the authority responsible for academic accreditation and quality assurance in higher education for both public and private institutions and programs.

National Commission for Academic Accreditation and Assessment (NCAAA)

- The NCAAA (National Commission for Academic Accreditation and Assessment) in Saudi Arabia is a governmental organization responsible for ensuring the quality of higher education institutions and programs within the country. It was established in 2004 as an independent agency under the supervision of the Ministry of Education. The NCAAA plays a crucial role in promoting and maintaining the quality of higher education in Saudi Arabia. Through its accreditation and quality assurance processes, it aims to improve educational standards. The NCAAA evaluates and assesses the quality and standards of education provided by universities, faculties, and academic programs across various disciplines. The NCAAA (National Commission for Academic Accreditation and Assessment) in Saudi Arabia has developed a set of standards for higher education institutions and programs. These standards serve as benchmarks to ensure the quality and effectiveness of education provided by universities, faculties, and academic programs. The NCAAA standards for program quality assurance categorize all activities that take place within the programs in the following general five areas:

Table 1: Academic Accreditation Committees responsibilities.

No.	NCAAA Standard	Responsible Committee
Standard 1	Program Management And Quality Assurance	Standard 1 Committee
Standard 2	Teaching and Learning	Standard 2 Committee
Standard 3	Students	Standard 3 Committee
Standard 4	Faculty	Standard 4 Committee
Standard 5	Learning Resources, , Facilities, and Equipment	Standard 5 Committee
All standards	All standards	Academic Accreditation Committee

National Qualifications Framework for Higher Education in Kingdom of Saudi Arabia (NQF)

- The accreditation and quality assurance system in the Kingdom of Saudi Arabia is formulated to guarantee that the caliber of higher education aligns with rigorous international standards and receives widespread acknowledgment in global academic and professional circles.
- A key component of this system is the National Qualifications Framework, designed to maintain uniformity in student learning outcome standards across the Kingdom, regardless of the attended institution. Its primary purpose is to clearly establish the equivalence of these standards with those governing comparable awards granted by higher education institutions worldwide.
- The Framework plays a crucial role in offering relevant benchmarks in academic standards for institutions during their planning and self-assessment processes. It also facilitates external reviewers engaged in program accreditation processes and institutional reviews by providing suitable points of comparison.

Principal Elements in the Qualifications Framework

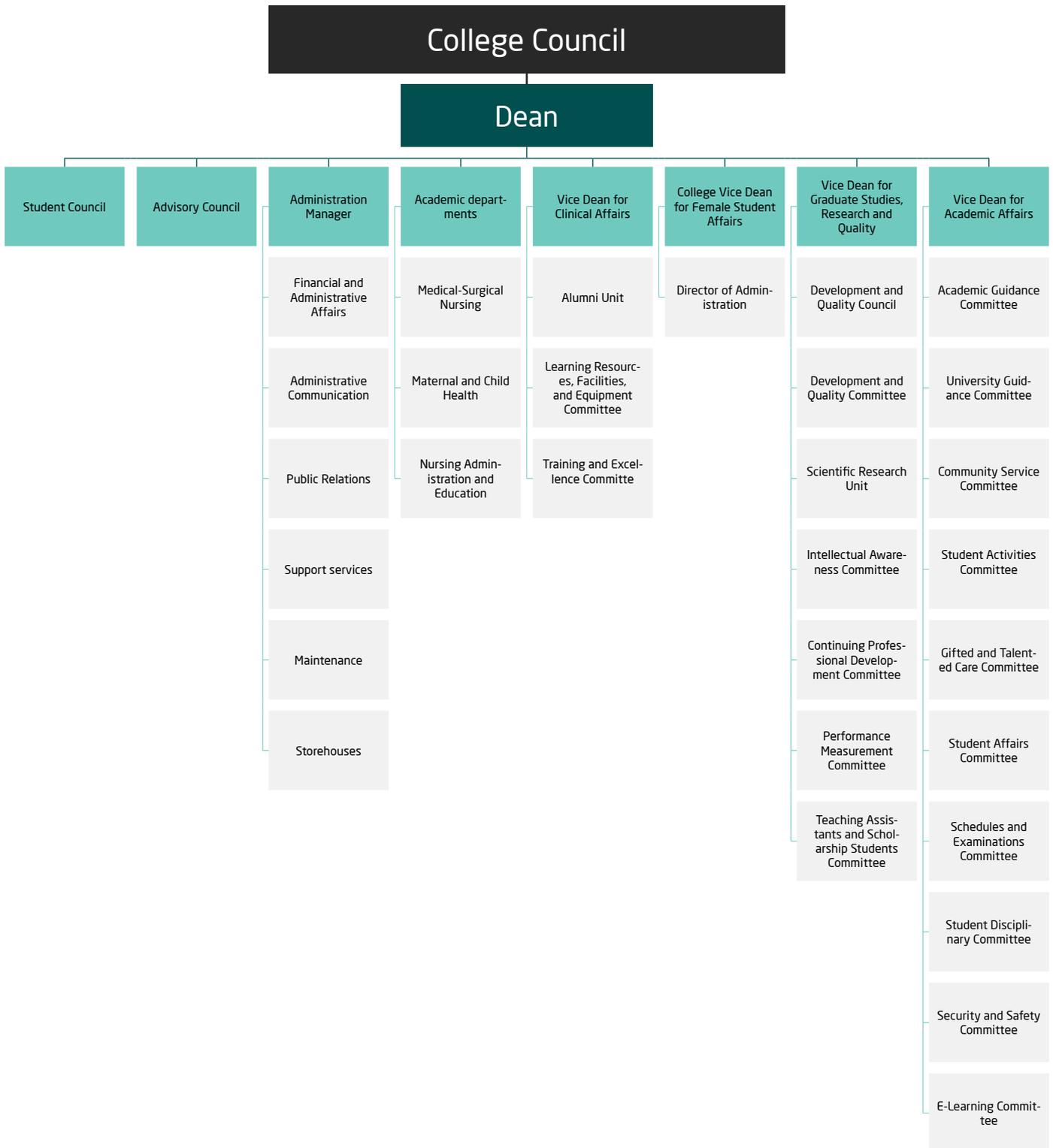
The principal elements in the framework are:

Domains of Learning

Teaching strategies

Assessment methods

Organizational Chart



TASKS OF THE PROGRAM COMMITTEES

1. Department Council:

- Overseeing the execution of departmental activities according to established working plans.
- Monitoring the fulfillment of all academic accreditation prerequisites.
- Creating and maintaining departmental and program manuals.
- Conducting weekly meetings to review reports from the quality management system within the department.
- Tracking and collaborating with the Vice Dean of Development and Quality, furnishing regular reports.
- Defining the vision, mission, and goals of the department and periodically reviewing them.
- Monitoring the execution of the department's action plan.
- Identifying strengths and weaknesses in various program activities and formulating plans for improvement.
- Anticipating the future trajectory of the department.
- Activating the role of the advisory committee within the department.
- Recognizing and implementing training programs aimed at enhancing the teaching, research, and technical skills of faculty members.
- Preparing and updating the manuals of the department and program.

2. Academic Accreditation Committee:

- Enhancing quality culture among faculty members, department staff and students.
- Develop, manage and monitor quality control processes in the department.
- Prepare, monitor, distribute, collect and analyze all five questionnaires of the National Commission for Academic Evaluation and Accreditation.
- Selecting performance indicators and benchmarking of the program, analyzing it and building improvement plans based on it.
- Select and follow up the independent auditor's report and develop improvement plans based on his / her recommendations.
- Follow up the development of modern trends in methods, methodology and teaching techniques.
- Preparing and revising reports of Program's Description, course specification, and Courses Reports that are assembled from College members, and running its electronic saving, and then sorting them in their specific files.
- Organizing, supervising and preserving program's documentations in the academic room, in order to be ready prepared and organized at the time of the external auditors' surveillance stopover.
- Ensure the preparation of copies of the student exams and copies of their answer sheets for all courses of the program each semester.
- Regularly updating and revising all accreditation files, in order to be ready at any sudden visit of

scrutiny, and any allowed users.

- Regularly organizing, preparing and submitting periodical reports of the Committee's meeting, and also placing all these reports in the program's academic room.
- Supervising and Preparing the Self-study report (SSR) for obtaining or updating national and international accreditations.
- Arbitration of study plans from internal and external bodies to ensure access to an academic excellence plan, with emphasis on the fulfillment of the "National Qualifications Framework".
- Submit periodic reports on the scientific programs to the department council.
- Preparing the organizational structure, job descriptions and tasks for each of its units.
- Supervise the implementation of the administrative quality system and address the gaps that prevent its implementation.
- Preparing plans to develop and improve the department's quality management system.
- Working on achieving and applying the objectives and policy of administrative quality.
- Making recommendations for improving financial and administrative performance.
- Surveying the satisfaction of beneficiaries (internal and external) about the services provided.
- Provide the necessary facilities to implement the system.
- To identify, analyze and solve the employee problems.
- Analyzing and treatment of complaints of beneficiaries and take the necessary corrective and preventive measures.

3. Development and Quality Committee:

- Supervise the implementation of the operational and improvement plans of the Program.
- Prepare the first drafts of the program mission and goals with participation of all the staff members.
- Prepare the first drafts of the program Specification PS and Courses Specification CSs with participation of all the staff members.
- Complete all preparations of the Academic Accreditation in the Department according to the standards of the NCAAA.
- To follow up and coordinate with the Vice - Deanship for Development and Quality and to submit reports to it.
- Follow up on quality work in the department and support related activities.
- Work on continuous improvement and development of quality in the department.
- Review of course files (Portfolios) at the end of each semester.
- Review the updating of the files of community service, scientific research, and department alumni, and confirm the inclusion of any new activities.
- Preparation of the APR and improvement plans
- Collect the program KPIs and prepare a final report for the results analysis every year.

- Updating the self-study report (SSR) for the program.
- Follow up the recent publications of the NCAAA
- Coordinating the meetings of the accreditation team with members of the faculty, staff, and students in the department.
- Supervise the carried out of the stakeholders surveys each academic year.

4. Academic Advising Committee:

- Develop an academic supervision plan for the program.
- Monitor the progress of the academic guidance process in accordance with approved mechanisms within the program.
- Increase awareness among students about the unit's nature, significance, and how to utilize its services through meetings and publications on the website or the blackboard system.
- Promote awareness of the importance of academic guidance and the value of communication with the academic advisor through brochures, publications, and the use of the college or program website.
- In the first week of each semester, the College's Deanship and the head of the department or program coordinator organize a reception for new students, providing a comprehensive discussion about the college's goals, mission, educational programs, scientific groups, graduates' fields of work, and the importance of adhering to university rules and regulations during their studies, emphasizing the need to contact their academic advisor.
- At the beginning of each semester, receive a list of new students from the College's Deanship, which is then delivered to the academic advising unit representative for assignment to program staff.
- Conduct a meeting with newly appointed faculty members to familiarize them with the study system and academic advising mechanisms in the college, based on program policies.
- Organize regular meetings with advising coordinators to track the progress of the program guidance process.
- Periodically submit a report (mid-semester) that includes the committee's work and student levels to the program and faculty administration.
- Analyze cases referred to the committee by the program and faculty administration, prepare reports, and submit them to stakeholders.
- Address academic issues raised by advisors and work to resolve them with the program and faculty administration.
- Address academic-related student complaints, finding suitable solutions or escalating them to the program and faculty administration if necessary.
- Address student complaints about specific courses, find resolutions, and escalate them to the program and college administration.

- Oversee orientation programs for new students to familiarize them with the study and exam system in the program.
- Hold periodic committee meetings (every four weeks) or as required to discuss periodic or special reports from academic advisors at the program level.
- Execute tasks assigned to the committee by the head of the department and dean of the college.
- Coordinate with the committee to estimate the number of new students expected to graduate and those transferring from other faculties.

5. Clinical Training and Excellence Committee:

- Implement a comprehensive training program for all graduating students to familiarize them with the scientific and practical importance of the internship year and equip them with the necessary skills for the successful completion of the cooperative training process and the achievement of its objectives.
- Compile the numbers of expected graduating students after completing graduation requirements.
- Submit official letters on behalf of the college dean or vice dean for academic affairs to the training administration in hospitals or accredited medical centers to request approval for student training.
- Receive letters directly from the training entities and then submit a letter on behalf of the college dean to initiate the process of requesting the internship allowance from the university's relevant department after completing the necessary forms.
- Disseminate the regulations, rules, rights, and duties to the targeted students undergoing training.
- Monitor internship students during the training period through continuous communication and follow-up on training supervisor reports at hospitals.
- Prepare monthly follow-up reports for internship students at their training locations.
- Coordinate with the clinical supervisor on training to collect all necessary reports while monitoring students in various training entities.
- Discuss with the training coordinator about the progress of the training and the attendance and performance of the trainees.
- Monitor the needs of the students and provide them with necessary support during the training period.
- Direct students to obtain the necessary requirements for issuing internship completion certificates after consulting with the training coordinator in the department based on the evaluation sent from the hospital after the completion of the training period.
- Review all documents from the college dean and training supervisor at the training entities and submit appropriate proposals or make decisions within the scope of the authorized written pow-

ers granted or delegated.

6. Community Services Committee:

- Prepare students for cultural, social, sports, and artistic aspects, identifying and assisting in their development.
- Contribute to shaping students' characters, fostering a well-rounded personality characterized by love for their country and leadership in cultural, social, sports, and artistic domains.
- Identify and nurture talented students, refining their skills and channeling their creative energies toward productive and beneficial pursuits.
- Instill a spirit of honest competition in students, strengthen their social relationships with peers, staff, and the community, and organize monthly, semester, and annual competitions.
- Organize sports and cultural competitions among program students to enhance their competitive spirit.
- Develop a plan for student activities throughout the academic year and ensure its implementation.
- Arrange cultural and social trips for students to enhance their cultural and social awareness.
- Identify outstanding students in cultural competitions and indoor sports to represent the college in central competitions (sports and cultural) organized by the University's Deanship of Student Affairs.
- Organize sports and recreational competitions among program staff to foster harmony within the program's staff.
- Coordinate with various units and committees within the college, each according to its mandate.
- Execute tasks assigned to the unit by the Dean of the College.

7. Alumni Affairs Committee:

- Strengthening communication and fostering the exchange of views and information among graduates within the program and among themselves.
- Cultivating the loyalty of graduates and encouraging their active participation and contributions to program development.
- Documenting the database of program graduates in both physical and electronic archives.
- Creating a database of institutions and partnerships related to program graduates.
- Assessing the satisfaction levels of graduates and the organizations they work for.
- Gathering feedback from program graduates through electronically filled questionnaires facilitated by the committee.
- Keeping graduates informed about academic news and research developments within the program.
- Documenting relationships with graduates to leverage their experiences in enhancing academic,

research, and training plans.

- Assessing business owners' perspectives on program graduates and actively working to expand opportunities in the job market for graduates.
- Identifying employment requirements by seeking opinions from companies through questionnaires.
- Establishing an annual event that brings together graduates, institutions, and companies seeking to recruit program graduates.

8. E-Learning Committee:

- Enhancing the quality of education by implementing supplementary teaching methods grounded in E-learning techniques.
- Cultivating students' skills and their capacity to adapt to contemporary changes through the integration of modern techniques.
- Monitoring the implementation of E-learning systems across all courses within the program.
- Elevating the proficiency of program faculty members in utilizing E-learning systems.
- Supporting both educational and research endeavors within the program.
- Promoting the culture of E-learning through seminars and workshops conducted within the program.

9. Curricula and Study Plan Committee:

- Oversee the preparation of the study plan and program in the department, ensuring compliance with the standards set by the National Center for Academic Accreditation and Evaluation and meeting the requirements of the labor market.
- Supervise the development of the program's study plan, staying abreast of the latest versions of the National Center for Academic Accreditation and Evaluation standards, and assess the alignment of current courses with these standards.
- Generate reports on the study plan and department program, submitting them to the college's deanship for approval by both the department and college councils.
- Coordinate with the university's Study Plans Committee to obtain approval for the plans.
- Conduct a survey to assess the alignment between the program's specializations and the demands of the labor market.
- Ensure the availability of course specifications that align with both the department's academic plans and the standards of the National Center for Academic Accreditation and Evaluation.
- Monitor faculty members in the program, ensuring they distribute concise course specifications to students at the beginning of each semester.
- Communicate updates and developments on study plans and course specifications to faculty members in the program.

- Examine the coherence of course content, teaching methods, objectives, expected learning outcomes, and prepare relevant reports.
- Coordinate with the Central University Library to provide faculty members in the program with the necessary list of books and references based on departmental requirements.
- Collaborate with the IT department to publish the plans and specifications on the program's website.
- Liaise with the University Deanship for Educational Affairs at the end of each semester to coordinate and review the latest developments regarding study plans and specifications, disseminating this information to faculty members in the program.
- Maintain and archive all committee documents, providing a copy to the head of the department and the deanship of the college.
- Address subjects referred from the head of the department to the committee, completing any necessary actions related to them.

10. Learning Resources, Facilities, and Equipment Committee:

- Analyzing and evaluating the current educational resources, scientific equipment, and chemical materials in the department.
- Studying and determining the program's needs for scientific equipment, chemical materials, and learning resources for teaching and scientific research purposes.
- Identifying the complete setup of student laboratories and monitoring the implementation of safety systems and procedures in the program's laboratories
- Determining the program's needs for computer equipment and its technological tools.
- Coordinating with relevant entities at the university to purchase and supply the program's needs.
- Assisting faculty members and students in accessing available information sources in the department or college.
- Building a database with names and addresses of local and international companies specialized in supplying laboratory equipment and materials in the relevant fields.
- Compiling the program's annual requisition of equipment, glassware, and chemicals in coordination with course coordinators.
- Reviewing the offers submitted by companies and recommending the best ones to match the technical specifications.
- Inspecting and receiving all equipment, glassware, and chemicals delivered to the program and ensuring their compliance with the required specifications.
- Establishing a digital library for the references used in the department's study courses.
- Preparing statistical reports and information lists about learning resources (list of information on the needs of learning resources for the department, the percentage of availability and usage, and their updating every semester).

- Developing a long-term plan for the development and updating of laboratory standards.

11. Scientific Research Unit:

- Develop strong research plan which should outline the department's research goals and objectives, as well as the resources that will be needed to achieve those goals.
- Providing guidance and support to department members who are conducting research, includes providing funding, research space, and access to research facilities.
- Assessing the quality of research conducted by departments members, through workshops, seminars, peer review or other methods.
- Conducting scientific research that addresses the issues of diseases and problems facing the community and the health environment and trying to provide solutions to them.
- Preparing the scientific programs for postgraduate studies in the College in the next phase.
- Identifying the research priorities for the department in general and for graduate students in particular.
- Linking the research projects of the department with the health sectors and community activities.
- Linking the research interests of different disciplines in the departments of the College.
- Efforts to provide research funding through entities that can benefit from those research findings.
- Strengthening research partnerships with research academies within and outside the kingdom.
- Create a database containing projects, supervisors, student names, and other necessary information.

12. Timetables and Examinations Committee:

- Prepare the study schedules to be delivered in a timely manner.
- Review the teaching loads of faculty members.
- Update the file of the faculty schedules periodically to fit the needs of the College.
- Distribute the department's courses to the allocated halls.
- Coordination between departments to achieve proportionality between the capacity of the hall and the number of students per course.
- Follow up the announcement of the classrooms timetables on the halls assigned to the College.
- Prepare the final practical and theoretical exams schedules.
- Ensure that the classrooms are equipped with chairs, lighting, and air conditioning.
- Distribution of halls and controls in the final exam's schedule.

13. Measurement of Learning Outcomes Committee:

- Review the curriculum, quality standards, and labor market needs to identify the skills, knowl-

edge, and abilities that students should acquire by the end of their studies.

- Prepare the first drafts of the program Learning Outcomes and the consistent with the requirements of the National Qualifications
- Framework, academic standards and labor market needs.
- Develop a plan for measuring learning outcomes at the program level, including the measurement method, selection of appropriate measurement methods and periods.
- Identify and develop appropriate types of scales and tools to measure each type of learning outcome, such as tests, projects, etc.
- Determine the dates and procedures for the measurement process to ensure the accuracy and efficiency of the measurement process.
- Collect and analyze data from the measurement process using appropriate statistical methods.
- Provide recommendations for improving the educational process based on the measurement results to ensure that students achieve the targeted learning outcomes.
- Provide consulting and support services to faculty members to help them develop and implement learning outcome measurement systems.

14. Measuring performance indicators and survey Committee:

- Disseminating the culture and importance of opinion surveys and performance indicators.
- Developing a timeline for distributing surveys.
- Collecting and analyzing all data and statistical information for the program.
- Preparing a statistical report on opinion surveys for the program.
- Measuring the key performance indicators for the program and preparing program-specific indicators.
- Identifying external and internal benchmark comparisons.
- Analyzing indicator results and identifying strengths and areas for improvement and creating charts for each indicator.
- Preparing a detailed report on program performance indicators including strengths and areas needing improvement.
- Developing an improvement plan for the program based on performance indicator results and opinion surveys.
- Monitoring and implementing directives from the Development and Quality Deanship and the Education and Training Evaluation Commission, related to performance indicators and opinion surveys.

15. Professional and Academic Development Committee:

- Recommending the approval or disapproval of applications for the position of assistant professor from outside the university.

- Recommending approval or disapproval of the transfer of faculty members and those like them.
- Recommending approval or disapproval of the specialization to which the teaching assistant or lecturer is sent.
- Identifying the necessary needs to develop the skills of program employees and designing, organizing and implementing the development programs necessary for this.
- Preparing an annual plan for development and training in the program, having it reviewed and approved by the department council.
- Holding courses, workshops, lectures, and any other events that enhance the technical and practical skills of faculty members and administrators.
- Coordinating to attract trainers from outside the program to hold courses, workshops and lectures within the college.
- Coordinating for faculty and administrative members to attend courses, workshops, and lectures inside and outside the university.
- Creating a database for development and training in the program.

16. Students Activities Committee:

- Developing a timeline for student activities, overseeing its implementation, and supervising its execution in coordination with the College Activities Committee and the Deanship of Student Affairs at the university.
- Maintaining continuous communication with students to understand their needs and gather their opinions regarding student activities, aiming to enhance their university experience and better meet their expectations.
- Engaging in communication with faculty members to organize scientific meetings that aim to promote academic communication between students and faculty members.
- Organizing enjoyable recreational events for students, along with honoring winners to incentivize active student participation.
- Coordinating sports events to enhance physical activity and sportsmanship.
- Selecting students to participate in cultural, scientific, and sports activities.
- Discovering students' talents and actively refining and nurturing them for further development.

17. Tasks of Advisory committee:

- Provide strategic guidance to ensure the program aligns with labor market needs and national priorities.
- Review and evaluate program learning outcomes, curriculum relevance, and graduate attributes.
- Recommend improvements based on periodic assessments of program performance.
- Facilitate collaboration with industry, alumni, and other external stakeholders.
- Support initiatives that enhance the quality, relevance, and impact of the academic program.

18. Tasks of the student's club

- Organizing academic, cultural, and social events that support student development.
- Encouraging student participation in university and community activities.
- Promoting leadership, teamwork, and communication skills among students.
- Acting as a bridge between students and program administration by conveying student feedback and concerns.
- Supporting initiatives that enhance student well-being and sense of belonging.

Close Quality Loop cycle

Closing the quality loop involves a series of steps aimed at addressing feedback and improving the quality of program. Here are the steps along with a detailed explanation of each:

Step 1: Planning

- 1. Gather Feedback:** The first step is to gather feedback from stakeholders such as students, faculty members, employers, and other relevant parties. This can be done through surveys, focus groups, interviews, or any other means of collecting input.
- 2. Analyze Feedback:** Once the feedback is collected, it needs to be thoroughly analyzed. This involves categorizing and identifying common themes, strengths, weaknesses, and areas for improvement. The goal is to gain a comprehensive understanding of the feedback received.
- 3. Identify Improvement Points:** Based on the analysis, specific improvement points should be identified. These are the areas that require attention and enhancement within the program. It could be related to curriculum, teaching methods, resources, support services, or any other aspect of the program.
- 4. Develop Action Plan:** After identifying the improvement points, an action plan should be developed. This plan outlines the steps, strategies, and resources needed to address the identified areas of improvement. It should be specific, measurable, achievable, relevant, and time-bound (SMART) to ensure effective implementation.

Step 2: Implementing

- 1. Implement Changes:** The next step is to implement the changes outlined in the action plan. This may involve revising the curriculum, providing additional training or support to faculty members, improving resources or facilities, or enhancing student services. The changes should be implemented systematically and monitored closely.

Step 3: Evaluating

- 1. Monitor Progress:** It is essential to monitor the progress and effectiveness of the implement-

ed changes. Regular evaluation and assessment of the improvements help determine if they are achieving the desired outcomes. This can be done through ongoing data collection, student feedback, performance indicators, or other evaluation methods.

Step 4: Review and Refine

- 1. Adjust and Refine:** Based on the monitoring and evaluation, adjustments and refinements should be made as necessary. This step involves making modifications to the implemented changes or strategies to ensure continuous improvement. It requires flexibility and a willingness to adapt based on the evolving needs of the program and its stakeholders.

By following these steps, the quality loop can be effectively closed, ensuring that feedback is acknowledged, improvements are made, and the overall quality of the program is enhanced. This iterative process promotes continuous improvement and allows the program to adapt and meet the changing needs of its stakeholders.

The Program development and review cycles

Curriculum Level review and development:

The curriculum generally details the teaching, learning and examination materials for all the courses in the program. The curriculum of the Program is planned and developed according to the University policies and procedures, program mission goals and outcomes, the needs of the students, the needs of the local community, and the academic and professional body's requirements.

The Nursing Sciences Program curriculum development process goes through the following four major Phases:

Phase 1: Planning

During this curriculum development phase, the program and Curricula and Study Plan Committee has done research collected and analyzed data regarding:

- 1.** Issues and trends of Nursing Sciences education at the local area and nationwide. Identifying key issues and trends allows the program and study plans committee to design an appropriate Curriculum that is responsive to the needs of the students, the local community and the professional bodies and assess resources that can be provided to implement the curriculum.
- 2.** Policies and guidelines from the Faculty, University and national education and accreditation bodies.

The data sources include exam papers, assignments, lecture notes, textbooks, surveys of students, faculty members, professional bodies and local community, community and local. The work done on this phase will inform the curriculum development.

Phase 2: Developing

During this curriculum development phase, the program and Curricula and Study Plan committee has reviewed and decided on the following:

- 1. Learning Outcomes:** Identify what appropriate learning outcomes students must acquire by the end of the program.
- 2. Contents:** Refer to instructional materials and resources needed to facilitate an effective learning experience.
- 3. Learning experience:** Refer to all the activities devised for learners to reinforce learning.
- 4. Sequence of learning experience:** How the learning experiences should be organized to ensure effectiveness of instructions.

Courses made by the program and study plans committee about curriculum goals and outcomes are motivated by the following factors:

- 1.** The Subject matter.
- 2.** The National Standard Policies on education.
- 3.** The needs of the learners.
- 4.** Local Community.

The outcomes of all these efforts are documented in the Program and Course Specification. The templates of these specifications are designed and provided by the NCAAA.

Phase 3: Implementation and Monitoring:

This stage starts after the final approval by the higher authority.

The primary role of the course coordinators is to ensure the smooth functioning and effective delivery of the course they are responsible for. The responsibilities of a course coordinator include:

- 1.** Collaborating with faculty and subject matter experts to develop and update the course curriculum.
- 2.** Coordinating the scheduling and sequencing of courses, determining the course offerings for each term or semester, and ensuring the availability of necessary resources, such as classrooms, equipment, and instructional materials.
- 3.** Working with instructors to develop instructional materials, resources, and assessments that support the course objectives and enhance student learning experiences.
- 4.** Supporting and coordinating the efforts of instructors teaching the course(s), guiding instructional strategies, assessment methods, and classroom management.
- 5.** Facilitating communication and collaboration among instructors, ensuring consistency in course delivery.
- 6.** Monitoring and evaluating the quality and effectiveness of the course(s) through various means, such as collecting and analyzing student feedback, conducting course evaluations, and assessing

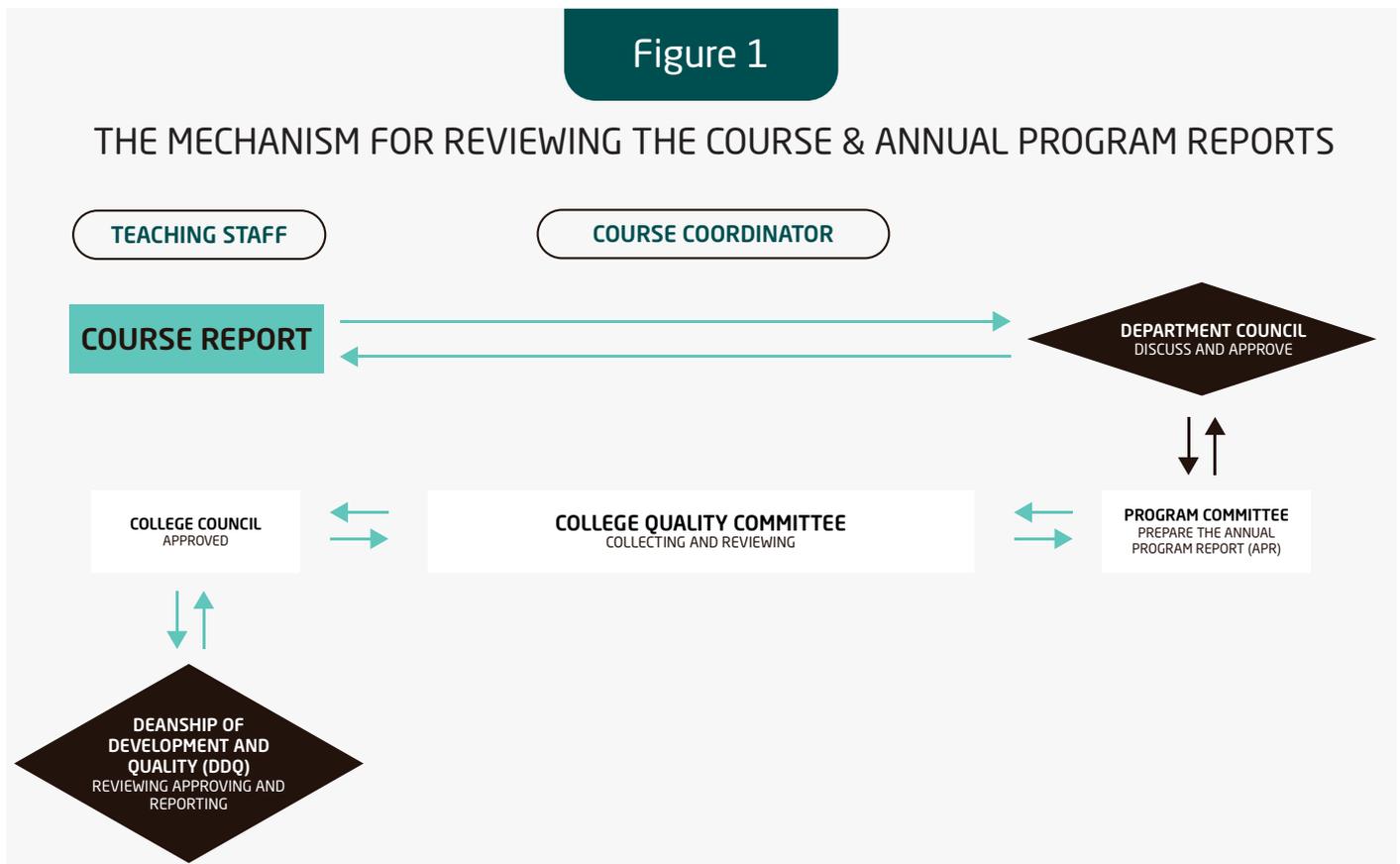
student performance and outcomes.

7. Prepare a comprehensive combined course report that addresses the key aspects of the course and communicates the progress, achievements, and challenges related to the course, as well as action plans for continual improvements to all stakeholders.

Phase 4: Evaluation and Reporting:

The course coordinators, report to the programs and study plans committee, as well as the quality assurance committee. At the end of each term a departmental meeting is held to discuss issues related to the courses delivery, which includes, teaching strategies, students result, learning outcomes, action plans for improvement, as well as feedback from students and stakeholders.

Figure1 shows the time plan for preparing course reports, and approval of improvements plans.



Based on the findings presented in course reports and feedback from students and stakeholders, action plans are developed to make necessary adjustments to the curriculum implementation, which may include, modify teaching strategies, revise learning materials, or adapt assessment methods as needed. The approval and implementation of any modifications is conducted using the university templates, forms, policies, procedures as well as the authority matrix for approval of modifications as shown in the following **Table**.

Topic	Non-substantive modification	Substantive modification	Department Council	College Council	Standing Committee for Plans and Curricula	University Council
Program name or Duration		✓	✓	✓	✓	✓
Program Study Plan		✓	✓	✓	✓	✓
Program Goals		✓	✓	✓	✓	✓
Program Learning Outcomes		✓	✓	✓	✓	✓
Program Assessment Regulations		✓	✓	✓	✓	✓
Program Graduates Attributes		✓	✓	✓	✓	✓
Add or Delete Tracks		✓	✓	✓	✓	✓
A change of 25% of the course content		✓	✓	✓	✓	✓
A change of main reference / The course learning resources		✓	✓	✓	✓	✓
A change of certain course subjects, no more than 25-30% of the course content	✓		✓	✓		
A change of the academic semester in which the course is offered	✓		✓	✓		

Topic	Non-substantive modification	Substantive modification	Department Council	College Council	Standing Committee for Plans and Curricula	University Council
A change of the Prerequisite and concomitant requisite	✓		✓	✓		
A change of supported reference/learning resources	✓		✓	✓		
A change of learning strategies	✓		✓	✓		
Modify of contact hours	✓		✓	✓		
A change of the distribution of assessment scores and its times	✓		✓	✓		
A change of the course code	✓		✓	✓		
Add or delete an elective course	✓		✓	✓		
A change in the type of the course from compulsory to elective, without changing the course units	✓		✓	✓		

Table 2: The approval levels of modifications that take place within the University

Minor Program Modifications:

Minor modifications are essential for continual improvement. Minor modifications include name changes, contact and address, exam procedures, and timing. The HDs manages minor modifications in conjunction with the program and study plans committee. Once a minor modification has been approved, it will be publicized via the College website to all stakeholders.

Major Program Modification:

Major changes include significant changes to admission or program requirements, significant changes to courses and curriculum, and changes to admission requirements, learning outcomes, and/or delivery mode. Proposals for major program changes should clearly justify the rationale behind any proposed modification. All major modifications require a recommendation for approval by the University Curriculum Com-

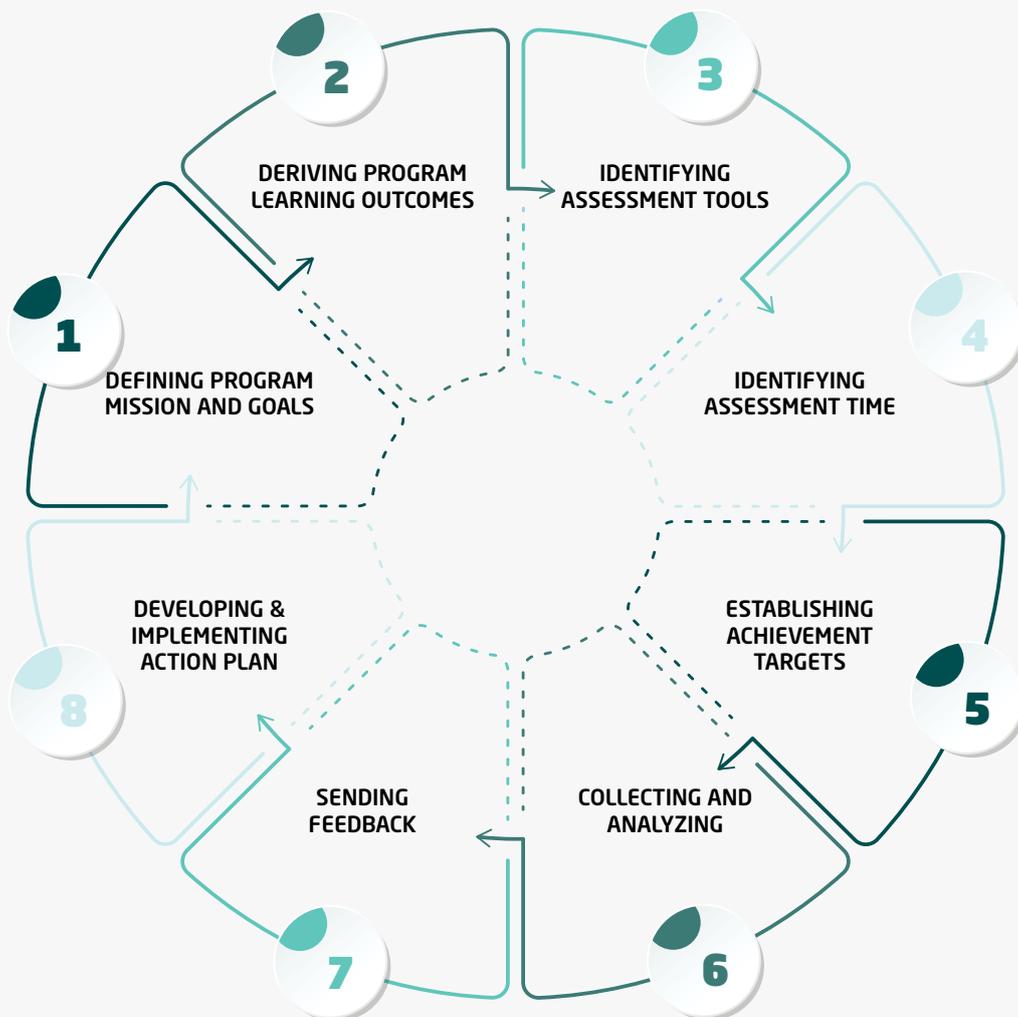
mittee. To ensure alignment with the university and the NQF policies, the College program and study plans committee uses the templates, documents, instructions, and guidelines regarding program modifications, which are available on the University Curriculum Committee website.

Program Level review:

The annual program review is one of the mechanisms adopted by the Nursing Sciences program to ensure that the program is on continual quality progress in order to meet the highest standards of academic excellence. The Nursing Sciences program goes through two review cycles: an annual review cycle and an end-of-the-program review cycle.

Figure 2

THE PROGRAM ASSESSMENT PROCESS



The Annual Review Cycle

The annual program review starts by collecting data using the standard university templates and forms of course reports, students, graduates, faculty members, and admin staff surveys, as well as professional bodies’ surveys. Data analysis, action plans, and performance indicators are documented in the annual program report. At the end of the academic year, the Program Specification and Report Committee sends the program report to the vice dean of development and quality, who is responsible for ensuring that the report is well-written and meets all quality standards recommended by the university and the NCAAA. The Nursing Sciences program is responsible for implementing the proposed improvement plans for quality improvements.

Evaluation Areas/Aspects	Evaluation Sources/References	Evaluation Methods	Evaluation Time
Effectiveness of teaching and assessment	Students, program leaders, students, peer review	- Program evaluation surveys - Students experience surveys - Faculty Satisfaction Surveys - Advisory committee opinion - Internal and external reviews of courses and program specifications	End of the academic year
		- Course student evaluation surveys - Internal reviews	At end of each study Term
The extent of achievement of course/ program learning outcomes	Program leaders, faculty, quality unit, employers, students, alumni	- Course reports - Student Indirect Surveys Independent insurance of student - achievementm reviews	End of the academic year
		- Alumni survey - Employer Surveys - Annual program report - Advisory Committee Opinion	At end of each study Term
Quality of learning resources	Student, faculty, alumni	Exit Surveys	At end of each study Term
		Faculty Satisfaction Survey Program evaluation surveys Student experience surveys Alumni surveys	End of the academic year

Table 3: Program evaluation matrix

Key Performance Indicators and Benchmarking:

They are specific forms of evidence used by the faculty to provide evidence and measure the quality of performance. The KPIs are one of the most important tools for assessing the quality of academic programs according to the criteria and rules of the NCAA and are among the most prominent practices that contribute to decision-making and follow-up processes, and continuous development and improvement.

The NCAA has identified 11 KPIs at the program level, all of which are in line with the evolving program accreditation standards. These indicators are the minimum to be periodically measured, and the academic program can use additional performance indicators if it believes they are necessary to ensure the program quality.

1. Levels of Each KPI: It is expected that the program measures the KPIs with benchmarking using the appropriate tools, such as surveys, statistical data, etc., according to the nature and objective of each indicator, as well as determining the following levels for each indicator:

Actual performance refers to the finding determined when the KPI is measured or calculated. It represents the actual reality of the present situation. A finding benchmark is also an internal benchmark.

1.1 Targeted performance level: Refers to the anticipated performance level or desired outcome for a KPI. A target benchmark is also an internal benchmark.

1.2 Internal reference (internal benchmark): Refer to benchmarks that are based on information from inside the program or institution. Internal benchmarks include targeting or finding benchmark data results from previous years.

1.3 External reference (External benchmark): Refers to benchmarks from similar program that are outside the institution; it refers to other institutions (national or international).

1.4 New target performance level: Refers to the establishment of a new desired performance level or goal for the KPI that is based on the outcome of the KPI's analysis.

Key Performance Indicators and Benchmarking:

KPI Analysis: Refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement.

2. Selection of KPIs based on:

1. The 11 NCAA Program KPIs

2. Program KPI.

A report is prepared annually describing and analyzing the results of each indicator with precise and objective identification of strengths and aspects that need improvement. For each KPI, an acceptable target level is set based on the program's strategic goals and comparative data from internal and external benchmarking. For each KPI, the following values are measured:

Target KPI: which is determined according to the KPI measurements of the internal and external benchmarking. Hence, it is the new target KPI of the former academic year.

Actual KPI: which is the actual level of the current year's performance.

New target KPI: which is determined in consideration of the actual benchmark.

- For each achieved target KPI level, a holding of the new targeted level is kept for an additional year to establish and maintain the good practice before setting an increment of the new target KPI.
- The KPI committee suggest the growth rate which considered to be an acceptable improvement of the practice when setting a new target KPI level.
- If the target is not achieved, the previous target will be held as a new target for the year after, with investigating the reasons and delineating a plan for improvement to reach the targeted performance. If the KPI target not achieved for 2 consecutive years a lower target will be set and

a plan for improvement will be set.

- The target of the KPI is determined based on the future plan for the faculty strategic plan and internal and external benchmarking.

Key Performance Indicators and Benchmarking:

3. Sources of data

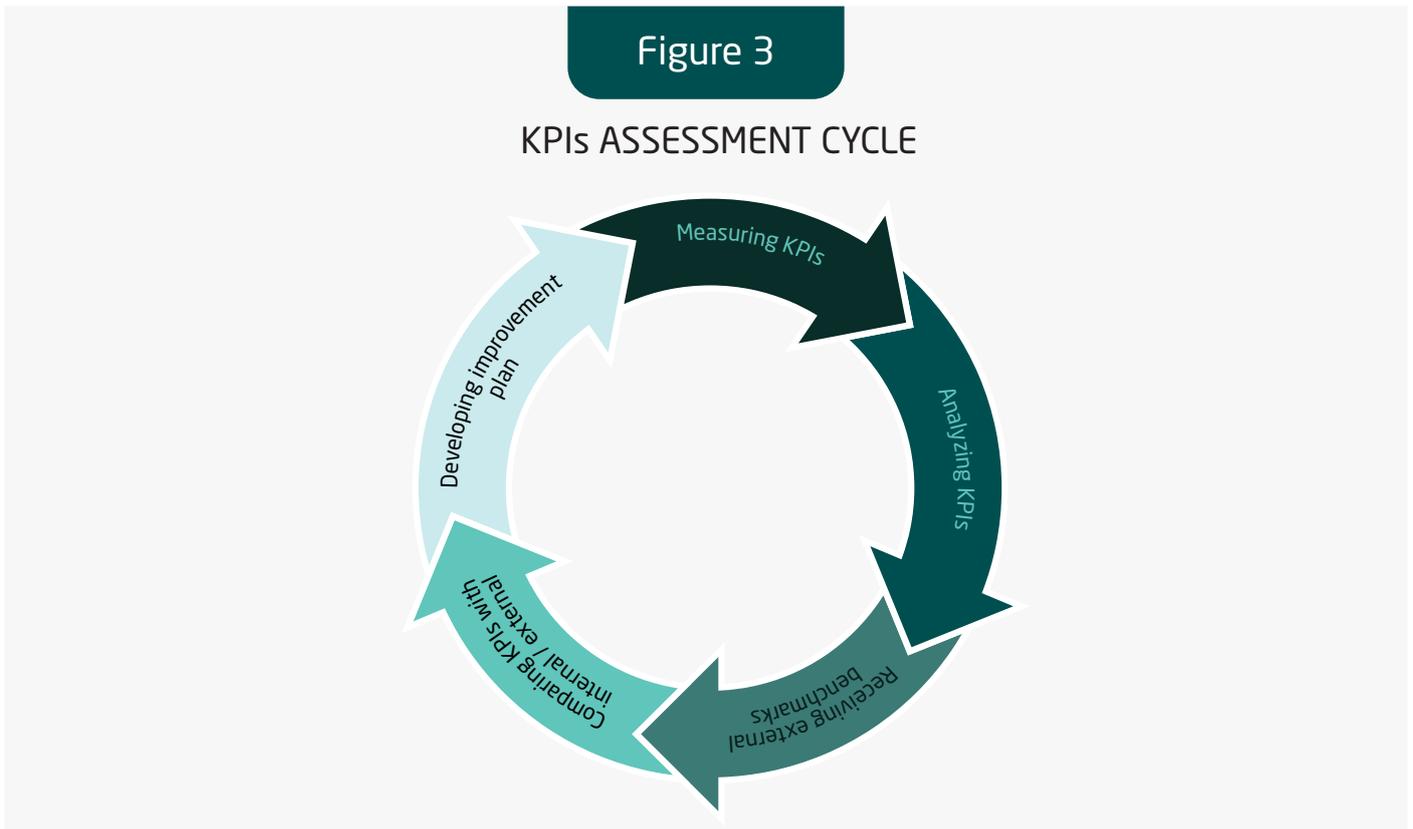
- The program operational plan reports.
- Reports on stakeholder surveys
- Program evaluation survey (PES).
- Courses' evaluation surveys (CES).
- Student experience survey (SES).

Academic staff Satisfaction survey (SSS-AC):

- Administrative staff satisfaction survey (SSS-AD).
- Employer Evaluation survey (EES).
- Stakeholder satisfaction with learning resources report.
- Official students' records obtained for the university secured internal system (e-register).
- Program records from the vice deanship for postgraduate and research.
- Scopus and ISI databases.

Key Performance Indicators and Benchmarking

The outcome of all KPI values is presented as a percentage to calculate the final performance of the Nursing Sciences program indicators for the academic year of interest. Rates of growth (increase) or decline (decrease) are calculated in the comparative and trending analysis of the current performance with the internal and external benchmarking.



Key Performance Indicators and Benchmarking

Code	Key Performance Indicators	Time fo measurement	Data Measurement Provider	Measurement Responsibility	Measurement Tools
KPI-P- 01	Students’ Evaluation of the quality of learning experience in the program.	Annually at the end of academic year	Measuring performance indicators and survey Committee	Measuring performance indicators and survey Committee	Program Evaluation Survey
KPI- P- 02	Students’ evaluation of the quality of the courses.	Annually at the end of academic year	Course coordinator	Measuring performance indicators and survey Committee	Course Evaluation Survey

Code	Key Performance Indicators	Time fo measurement	Data Measurement Provider	Measurement Responsibility	Measurement Tools
KPI-P-03	Completion rate.	Annually at the end of academic year	Head of department	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-04	First-year students' retention rate.	Annually at the end of academic year	Head of department	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-05	Students' performance in the professional and/or national examinations.	Annually at the end of academic year	Alumni Affairs Committee	Measuring performance indicators and survey Committee	Statistical data and analysis of SMLE
KPI-P-06	Graduates' employability and enrolment in postgraduate programs.	Annually at the end of academic year	Alumni Affairs Committee	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-07	Employers' evaluation of the program graduates' proficiency.	Annually at the end of academic year	Alumni Affairs Committee	Measuring performance indicators and survey Committee	Employer Evaluation Survey
KPI-P-08	Ratio of students to teaching staff.	Annually at the end of academic year	Head of department	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-09	Percentage of publications of faculty members.	Annually at the end of academic year	Scientific Research unit	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-10	Rate of published research per faculty member.	Annually at the end of academic year	Scientific Research unit	Measuring performance indicators and survey Committee	Statistical data and analysis
KPI-P-11	Citations rate in refereed journals per faculty member.	Annually at the end of academic year	Scientific Research unit	Measuring performance indicators and survey Committee	Statistical data and analysis
NUR-I-12	Percentage of faculty members and students participating in community activities	Annually at the end of academic year	community services	Measuring performance indicators and survey Committee	Statistical data and analysis
NUR-I-13	Satisfaction of beneficiaries with the community services	Annually at the end of academic year	community services	Measuring performance indicators and survey Committee	Statistical data and analysis

Table 4: NCAAA & Program KPIs, Objectives, Polarity, and Method of Measuring Indicators and the Target.

Benchmarking and Improvement Cycle:

Benchmarking the Nursing Sciences Program offers numerous benefits and holds great importance in ensuring its continuous improvement and quality enhancement. Firstly, benchmarking allows for a sys-

tematic comparison of the program's performance, practices, and outcomes against established standards, best practices, or similar programs in other institutions. This process provides valuable insights into areas of strength and areas that require improvement, paving the way for informed decision-making and targeted interventions.

Benchmarking also fosters collaboration and knowledge sharing among institutions. Through benchmarking initiatives, nursing science programs can engage in meaningful dialogue, exchange ideas, and learn from one another's successes and challenges. This collaborative approach encourages the sharing of best practices, resources, and expertise, ultimately benefiting both faculty and students.

Another significant benefit of benchmarking is its role in enhancing program outcomes and student learning experiences. By identifying areas where the Nursing Sciences Program may be falling short, benchmarking enables targeted interventions to improve teaching methodologies, assessment practices, and student support systems. It facilitates evidence-based decision-making, leading to program enhancements that directly impact student success, retention rates, and overall satisfaction. Furthermore, benchmarking the nursing science program contributes to institutional accountability and quality assurance. It provides a clear framework for setting performance targets, monitoring progress, and demonstrating the program's effectiveness to internal and external stakeholders. This transparency and accountability foster confidence in the program and assure students, faculty, parents, and employers that the Nursing Sciences program meets and exceeds industry and academic standards.

Stakeholders Surveys

Stakeholder surveys play a crucial role in assessing and improving the Nursing Sciences program by gathering valuable feedback and insights from various stakeholders involved. Stakeholder surveys offer numerous benefits and hold significant importance for the Nursing Sciences program. These include:

- 1. Comprehensive Feedback:** Surveys allow stakeholders, such as students, faculty, staff, and other relevant parties, to provide their perspectives, experiences, and opinions on the Nursing Sciences program. This comprehensive feedback helps institutions understand the strengths and weaknesses of the program from multiple viewpoints.
- 2. Program Evaluation:** Stakeholder surveys serve as a tool for program evaluation by collecting quantitative and qualitative data. Institutions can use this data to assess the effectiveness of the Nursing Sciences program, measure progress towards goals, and identify areas for improvement.
- 3. Continuous Improvement:** The feedback gathered from stakeholders through surveys helps identify areas that require improvement. Institutions can use this information to make data-informed decisions and implement changes to enhance the nursing sciences program continuously.
- 4. Stakeholder Engagement:** Conducting surveys demonstrates an institution's commitment to stakeholder engagement. It shows that the institution values the opinions and experiences of stakeholders and actively seeks their input and involvement in shaping the nursing sciences program.

5. **Enhanced Satisfaction:** Surveys enable institutions to gauge stakeholders' satisfaction level with the Nursing Sciences program. By addressing concerns and making improvements based on feedback, institutions can enhance stakeholder satisfaction and create a positive educational environment.
6. **Strategic Decision-Making:** The data obtained from stakeholder surveys can inform strategic decision-making processes. Institutions can use this data to allocate resources effectively, prioritize areas of improvement, and make informed decisions that align with stakeholder needs and expectations.
7. **Accreditation and Recognition:** Stakeholder surveys provide evidence of stakeholder engagement, program assessment, and continuous improvement efforts. This can be valuable for accreditation purposes and external recognition, showcasing the institution's commitment to delivering a high-quality nursing sciences program.

The surveys used by the Nursing Sciences program

1. Course Evaluation Survey:

- A. A course evaluation survey is distributed at the end of each course. It is recommended that this survey be distributed in each course once each year.
- B. The survey does not directly assess the quality of teaching by individual instructors. However, the evaluation of the course is seen as a reasonable measure of the quality of teaching in a way that minimizes personal issues that could inhibit responses from students.
- C. The survey asks questions about several aspects of each course. The final question is intended to provide a summary question that might be used as a general quality indicator.

2. Student Experience Survey:

- A. This survey is intended as a general survey that is distributed to all students midway through their program.
- B. The survey deals with the student's life at the institution, including both major elements of the program in which they are enrolled and several general items relating to services and facilities.

3. Program Evaluation Survey:

- A. This survey is conducted annually. It is intended for use at the time students have finished their program and are about to graduate. It is recommended to be distributed shortly before final year classes are finished so their opinion of the total program at that stage can be assessed.
- B. The questions include several items about the program itself, together with some items that deal with their life as a student at the institution. As for the other surveys, the final question is a summary item that might be used as a general quality indicator.

4. 4. Alumni Evaluation Survey:

- A. A survey of alumni is conducted annually. The target alumni are those graduates from four years earlier and one year earlier.
- B. This instrument captures quantitative rankings about their experience in the program and PLOs, enrolment in postgraduate programs, and employability.

5. Staff Satisfaction Surveys:

The Nursing Sciences program uses two surveys, the Academic Staff Satisfaction Survey and the Administrative Staff Satisfaction Survey, to collect feedback from faculty and staff.

- A. These two surveys are conducted on an annual basis, aiming to assess the staff satisfaction with the program and services offered to them.
- B. In the context of improving efficiency, an important precondition is continuous measurement of employee satisfaction.
- C. The results of these surveys are directed primarily at designing processes and activities, as well as defining short-term and long-term measures to improve satisfaction and motivation.

6. Employer's Evaluation Survey:

This survey is conducted on an annual basis, aiming to assess the level of satisfaction among employers about the outcomes of the program and is used to assess the PLOs.

7. Academic Advising Satisfaction Survey:

The primary objective of academic advising is to support students in identifying and achieving their educational, personal, and career goals. The aim is to foster their growth as independent learners, facilitate exploration of available resources, and maximize the university experience at the University. Academic advising is an ongoing and consistent process that relies on establishing a strong working relationship between the advisor (faculty) and advisee (student). This necessitates regular and meaningful interactions between the advisor and advisee. Both the advisor and the student have a shared responsibility to actively engage in the academic advisement process.

Response Scale:

It is recommended that each item in the surveys be responded to using a five-point scale. The recommended scale is:

- 1. Strongly agree (5).
- 2. Agree (4).
- 3. Neutral (or undecided) (3).
- 4. Disagree (2).
- 5. Strongly disagree (1).

Survey	Area of Evaluation	Target group	Distribution Responsibility	Distribution Timing	The Uses of the Survey
1. Course Evaluation Survey	Course quality	Students	Course instructors	End of the course	KPI-P-02 Average student overall rating of the course.
2. Student Experience Survey	The student's academic life in the educational institution, including the basic components of the program in which the student is registered	Students who have passed half of the program's duration	Measuring performance indicators and the survey Committee	Annually	KPI-P-01 Students' evaluation of quality of learning experience in the program.
3. Program Evaluation Survey	Final year students' satisfaction with the program, services, facilities, and program management	Final year students of the program	Measuring performance indicators and the survey Committee	Annually	KPI-P-01 Students' evaluation of the quality of learning experiences in the program
4. Alumni Evaluation Survey	Alumni satisfaction with the program	Alumni	Measuring performance indicators and the survey Committee	At least 6 months after their graduation	KPI-P-01 Students' evaluation of the quality of learning experiences in the program
5. Faculty Satisfaction Survey	Academic staff members' satisfaction with Program, management, Organization environment, Quality management, educational process, Program mission, PLOs, Facilities and services, Scientific research, Community service	Academic Staff members'	Measuring performance indicators and the survey Committee	Annually	Measure faculty members' Satisfaction
6. Employers Evaluation	Employers' satisfaction with program outcomes	Employers	Measuring performance indicators and survey Committee	It is submitted to the employers one year after the student's graduation	KPI-P -07 Employers' assessment of the competency of program graduates
7. Academic Advising	Students' satisfaction with the academic advising service and academic advisor	All Students	Academic advising coordinator	Annually	Students' satisfaction with the academic advising

Table 5: Stakeholders' Survey Plan

Standards and mechanism for evaluation and periodic review of academic programs:

The mechanisms of the program evaluation process (external audit) are as follows:

The program file that includes (program specification -course specification -Annual Program report

-Course Reports -Program Key Performance Indicator Reports -Learning outcomes Report -survey reports -program self-evaluation scales –Self-study report of the Program -a complete report that includes strengths, weaknesses and priorities for improvement, the program development proposals, the improvement and development plan, and the improvement and development plan report for the previous year) is sent to the department council, then to the college council, and then to the plans and programs unit to send it to the external auditor to conduct the external audit.

Preparing the improvement and development plan based on the external audit report, and preparing a complete report that includes strengths, weaknesses, priorities for improvement, proposals for program development, and a plan of Improvement and development, and a report of the improvement and development plan for the previous year.

Quality Procedures:

Developing a component within a program requires a systematic approach to ensure its effectiveness and alignment with program goals. This chapter presents the general framework, followed by the program to develop its core components.

Quality assurance procedures for the program through national accreditation standards:

Standard 1. Program Management and Quality Assurance:

1	The program must have effective leadership that implements the institutional systems, policies and regulations. The program leadership must plan, implement, monitor, and activate a quality assurance system that achieve continuous development of program performance in a framework of integrity, transparency, fairness and within a supportive organizational climate.
1-1	Program Management
1-1-1	The program mission and its goals are consistent with the mission of the institution/college, and guide all its operations and activities.
1-1-2	The program has the sufficient number of qualified staff to perform its administrative, professional and technical tasks, and they have defined tasks and authorities. *
1-1-3	The program provides an organizational climate and a supportive academic environment.
1-1-4	The program management monitors the achievement of its goals through specific performance indicators and actions are taken for improvement.
1-1-5	The program management applies mechanisms ensuring integrity, fairness, and equality in all its academic and administrative practices, and between the male and female student sections and branches (if any).
1-1-6	The program builds on the views of professionals and experts in the program specialization, to contribute to its evaluation, development, and performance improvement.
1-1-7	The program management provides reliable and publicly disclosed information to the community about the program description, performance, and achievements that suits the needs of the stakeholders.
1-1-8	The program management is committed to activating the values of the scientific integrity, intellectual property rights, rules of ethical practices, and proper conduct in all academic, research, administrative, and service fields and activities. *
1-1-9	The program management applies the systems, regulations, and procedures that are approved by the institution/college, including those related to grievance, complaints, and disciplinary cases.

Procedure 1. Program’s Mission and Goals:

A. Preparing Program’s Mission and Goals

Alignment with the PSAUs mission:

- Align the program mission and goals with the overall vision, mission, and values of the PSAUs.
- Consider the strategic priorities, objectives, and core principles of the PSAU.
- Ensure that the program mission and goals contribute to the PSAUs broader goals and strategic plans. Compliance with the Accreditation Standards.
- Compliance with the requirements and standards set by the NQF ensures program quality, standards, and recognition.

Procedure

- The Quality Assurance Committee prepares a proposed model for the program’s mission and goals.
- Taking feedback on the proposal from internal stakeholders such as “faculty members and student” and external stakeholders such as “experts, employers, and the local community benefiting from the program’s services.”
- Preparing the initial copy of the program’s mission and goals and submitting it to the department council.
- Discussing the proposed formula in the department council and recommending sending it to the college’s quality assurance unit.
- The Quality Assurance Committee prepares the second copy of the program mission and goals according to the views of the college’s quality assurance unit.
- Obtaining approval from the department council. Obtaining the approval of the College Council

Figure 4

PROGRAM’S MISSION AND GOALS CYCLE



B. Reviewing and Updating the Program's Mission and Goals Alignment with the PSAUs mission:

The program's mission and goals are reviewed and updated every 4 years through the following steps:

- The Quality Assurance Committee/ mission and goals Formulation Committee reviews the program's mission and goals according to internal and external variables and the future directions of the university/college/department.
- Preparing a proposed version of the updated version of the program's mission and goals (previous version) with justifications and reasons for the update.
- Preparing the initial copy of the program's mission and goals and presenting it to the department council.
- Taking feedback on the proposal from internal stakeholders such as "faculty members and student" and external stakeholders such as "experts, employers, and the local community benefiting from the program's services".
- Discussing the proposed formula in the department council and recommending sending it to the college's quality assurance council/unit.
- Preparing the second copy of the program's mission and goals according to the visions of the college's quality assurance council/unit.
- Obtaining approval from the department council.
- Obtaining the approval of the concerned vice dean of the college.
- Approval of the mission and goals from the college council.

C. Publication of Program's Mission and Goals

- The Quality Assurance Committee/ mission and goals Formulation Committee preparing a design for the program's mission and goals.
- Preparing a plan to disseminate and raise awareness of the program's mission and goals.
- Implementation of the advertising plan
- Preparing a periodic report.

D. Evaluation and Benchmarking:

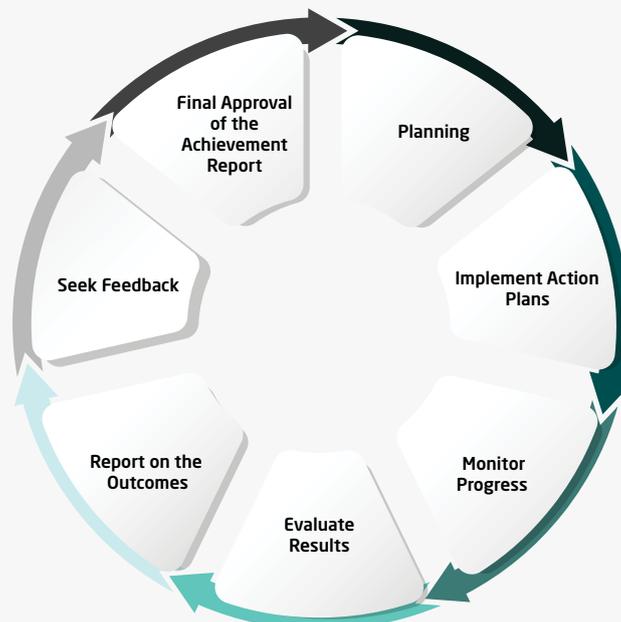
- Key Performance indicators are defined about the program's mission and goals.
- Periodic measurement of the adopted KPIs.
- Comparisons with internal and external benchmark are done.
- Preparing a periodic report and developing plans for improvement and development the program's mission and goals.

Procedure 2. The Program Annual Improvement Cycle:

- **Operational Plan Development:** The Program operational plan defines the targets that needs to be achieved in order to for the program execute its mission and goals. They plan uses performance indicators to gauge the success of the program in achieving its goal.
- **Establish operational working group (OPWG):** The HDs together with the Programs and Development and Quality Committee identifies the operational plan working group (OPWG). The OPWG is responsible of overseeing the entire process for developing and approving the operational plan and ensure collaboration and representation from different perspectives as well as monitor the progress of the program in achieving its target goals. Review Program Data and Assessment Results: The OPWG conducts a comprehensive review of the program data, including:
 - » Program mission and goals.
 - » Faculty strategic plan.
 - » Improvement priorities identified in previous operational plan progress reports.
 - » Improvement plans associated with improvement priorities from various committees within the department.
 - » Improvement plans and improvement priorities mentioned in the annual report and course reports.
 - » Improvement priorities derived from performance indicators reports and benchmarking.
 - » Opinion surveys reports.
 - » Alumni characteristics and learning outcomes reports.
 - » Improvement priorities mentioned in self-evaluation standards and self-study report. Identify areas for improvement.

Figure 5

PROGRAM ANNUAL IMPROVEMENT CYCLE



Based on the review of program data and assessment results, the OPWG analyze the data to identify areas that require improvement and potential areas for growth. This could include curriculum enhancements, faculty development, student support services, assessment practices, or any other relevant aspect Set Improvement Objectives and Strategies:

- A.** What do we want to achieve? The OPWG establish clear and measurable improvement objectives for each identified area and ensure that the objectives are aligned with the program's goals.
- B.** How will we achieve our objectives? The OPWG determine the strategies and approaches to address each improvement objective.

Share the Improvement Objectives and Strategies:

The OPWG communicate the improvement objectives and strategies to the relevant committees.

Define Action Steps and Timelines: Each committee is responsible of:

- a. Breaking down each improvement strategy into actionable steps or tasks.
- b. Define specific timelines for implementing each action step to ensure progress and accountability.
- c. Assign responsibilities to individuals or teams for each action step or task to ensure accountability and effective implementation.
- d. Ensure that the allocated resources align with the identified objectives and strategies.
- e. Identify performance indicators and targets.

Draft the operational plan:

The OPWG combine improvement plans from all committees in the operational plan format.

Seek Feedback and Revision:

To ensure that the Operational plan is comprehensive, actionable, and aligned with the program's objectives, the Operational plan presented at the departments' councils seeking their input and feedback to ensure their support.

Refine and Finalize:

Based on the feedback from faculty members the OPWG revise and refine the operational plan. The revised operational plan submitted to development and quality Unit for final review. Any suggestion from development and quality Unit will be discussed and carried out by the OPWG.

Obtain Approval from Relevant Authorities:

The final draft of the operational plan will be submitted to the College council for approval.

Communicate Approved Operational Plan:

The communication of the approved operational plan helps ensure that stakeholders are well-informed, aligned, and actively involved in the program's implementation of the operational plan.

Implement Action Plans:

The committees initiate the implementation of the action plans according to the defined timelines and responsibilities.

Monitor Progress:

The OPWG continuously monitor the progress of the operational plan against the established timelines and KPIs to track the implementation of the action plans, and hence provide a systematic way to measure the program goals.

Evaluate Results:

The OPWG assess the results and outcomes of the implemented action plans, compare the actual results against the established targets or benchmarks. This analysis helps assess whether the program is on track to achieve its goals and identifies areas that require improvement or further attention.

Report on the Outcomes:

The OPWG regularly report on the progress made toward achieving the target objectives. At the end of the academic year the OPWG prepare a comprehensive report on the achievements of the operational plan.

Procedure 2. Program Management:

Teaching Hours Distribution Mechanism for Faculty Members

- 1. Consideration of specialization:** Courses are distributed based on the faculty member's precise specialization to ensure that the courses are taught by highly qualified and experienced individuals.
- 2. Equal distribution as much as possible based on academic rank:** account the difference in academic ranks:
 - » Professor: 10 teaching units.
 - » Associate Professor: 12 teaching units.
 - » Assistant Professor: 14 teaching units.
 - » Teaching hours are distributed as equally as possible among faculty members, taking into
 - » Lecturer and Teaching Assistant: 16 teaching units.

Based on the Higher Education Council regulations for faculty members, item 40 which states the numbers of hours required by each faculty member based on his/her academic ranking.

- 3. Separation between the male and female sections:** Teaching hours are distributed separate-

ly between the male and female sections. However, if necessary, a faculty member (male or female) may teach in the other section if the need arises.

- 4. Reduction of teaching hours for administrative positions:** Faculty members holding administrative positions have their teaching hours reduced to 3 hours per semester.
- 5. Relying on previous performance evaluations:** Previous performance evaluations of faculty members are considered to ensure that appropriate courses are assigned based on their past performance and interaction with students.

Mechanism for Distribution of Faculty Members in Committees and Participation in Decision-Making:

- 1. Distribution of committees at the beginning of each year:** Committees are formed and distributed at the beginning of each year to ensure organized work and clear role definitions from the start.
- 2. Representation of both male and female sections in each committee:** Each committee must include members from both the male and female sections to ensure balanced representation and collaborative work between both sides.
- 3. Participation of all faculty members, lecturers, and teaching assistants:** All faculty members, lecturers, and teaching assistants must participate in committees, ensuring comprehensive involvement in the process.
- 4. Inclusion of technical staff in committees requiring technical work:** In committees that require technical expertise, such as the Learning Resources, Facilities, and Equipment Committee, laboratory technicians are included to provide appropriate technical support.
- 5. Committee leadership:** Each committee is headed by a faculty member who is responsible for following up on the work, organizing meetings, and submitting final recommendations.
- 6. Submission of recommendations:** Each committee submits its recommendations to the department chair, who in turn presents them to the department council for discussion and decision-making.
- 7. The department council consists of all faculty members holding the rank of assistant professor or higher from both the male and female sections:** These members from both sections participate equally in discussing recommendations and making final decisions. This ensures that decisions reflect the views of both sections and that all voices are equally represented.
- 8. Voting and decision-making process:** After the recommendations are presented to the depart-

ment council, a vote is held to decide on the appropriate course of action. If the recommendations concern matters outside the department’s authority, they are submitted as recommendations to higher authorities. If they fall within the department’s authority, they are approved as final decisions after the vote.

- 9. Monitoring the implementation of recommendations or decisions:** Once the recommendations or decisions are approved, the relevant committees follow up on their implementation according to the agreements made.

Procedure 2. Program Management:

1-2	Program Quality Assurance
1-2-1	The program management implements an effective quality assurance and management system that is consistent with the institution quality system.
1-2-2	The program analyzes the key performance indicators and the evaluation data annually and its results to be used in planning, development, and decision-making processes. *
1-2-3	The program conducts a periodic, comprehensive evaluation and prepares plans for improvement; and follows up its implementation.

Procedure 3. Program Quality Assurance:

- The College Council nominates members of the Quality Assurance and Academic Accreditation Committee (QAAAC) with specific competencies.
- The Quality Assurance and Academic Accreditation Committee, in consultation with faculty and other stakeholders, formulates program specifications that define the attributes of graduates in the program, and the intended learning outcomes so that the graduate possesses the attributes required in accordance with the NQF standards.
- The Faculty and staff are consulted from time to time by the program Management through College Council and subcommittees meetings and recommendations are considered by the appropriate authority.
- A group of faculty members prepare course specifications with specific objectives, intended learning outcomes, teaching strategies, assessment methods, required resources, etc., which are reviewed by the QAAAC before being submitted to the College Council for consideration and approval.
- Program specifications and course specifications are converted into Department Quality Coordinators for approval by the committee formed at college level.
- The program evaluates its progress towards achieving its mission and goals through key performance indicators (KPIs) provided by NCAAA. The program can also have its own KPIs. The program evaluates all key performance indicators provided by NCAAA at each program cycle.
- At the end of each semester, course coordinators submit course reports that analyze the results achieved, the effectiveness of teaching strategies, improvement proposals, and an action plan, and students are contacted periodically by QAAAC and academic advisors regarding course delivery apart from semester monitoring carried out by the program management.

- QAAAC conducts various types of surveys to ascertain the satisfaction level of stakeholders regarding different aspects of the course/program (NCAAA and course evaluation, program evaluation, alumni survey, employer survey, faculty survey, etc.)
- At the end of each academic year, the QAAAC prepares a unified annual report for the program in which it evaluates the achieved results and key performance indicators of the program, indicating the program's mission and goals, and submits the report to the College Council for consideration and approval.
- The QAAAC conducts a periodic self-study to implement the program with reference to the standards set by the NCAAA and prepares a self-study report and sends it to the accreditation agency through the appropriate channel to obtain accreditation for the program.

Standard 2. Teaching and Learning:

2	Learning outcomes at the program level must be precisely defined, consistent with the requirements of the National Qualifications Framework, and the labor market requirements. The teaching staff must implement diverse and effective teaching and learning strategies and assessment methods that are appropriate to the different learning outcomes. The extent of achievement of learning outcomes must be assessed through a variety of means and the results are used for continuous improvement.
2-1	Learning Outcomes
2-1-1	The program identifies its intended learning outcomes that are consistent with its mission and the graduate Attributes at the institutional level, which should be approved, publicly disclosed, and periodically reviewed.
2-1-2	The learning outcomes are consistent with the requirements of the National Qualifications Framework, and labor market needs. *
2-1-3	The program identifies the learning outcomes for the different tracks (if any).
2-1-4	The program applies appropriate mechanisms and tools for measuring the learning outcomes, and verifying their achievement according to specific performance levels and assessment plans. *
2-1-5	The Program implements a clear and approved teaching, learning, and evaluation strategy that articulates its educational philosophy and ensures that the Program’s intended learning outcomes are achieved.

Program Learning Outcomes:

Program learning outcomes statements are broad statements that describe the knowledge, skills, and abilities that students are expected to acquire upon completion of a program of study. These statements provide an overview of the overarching goals and outcomes of the program.

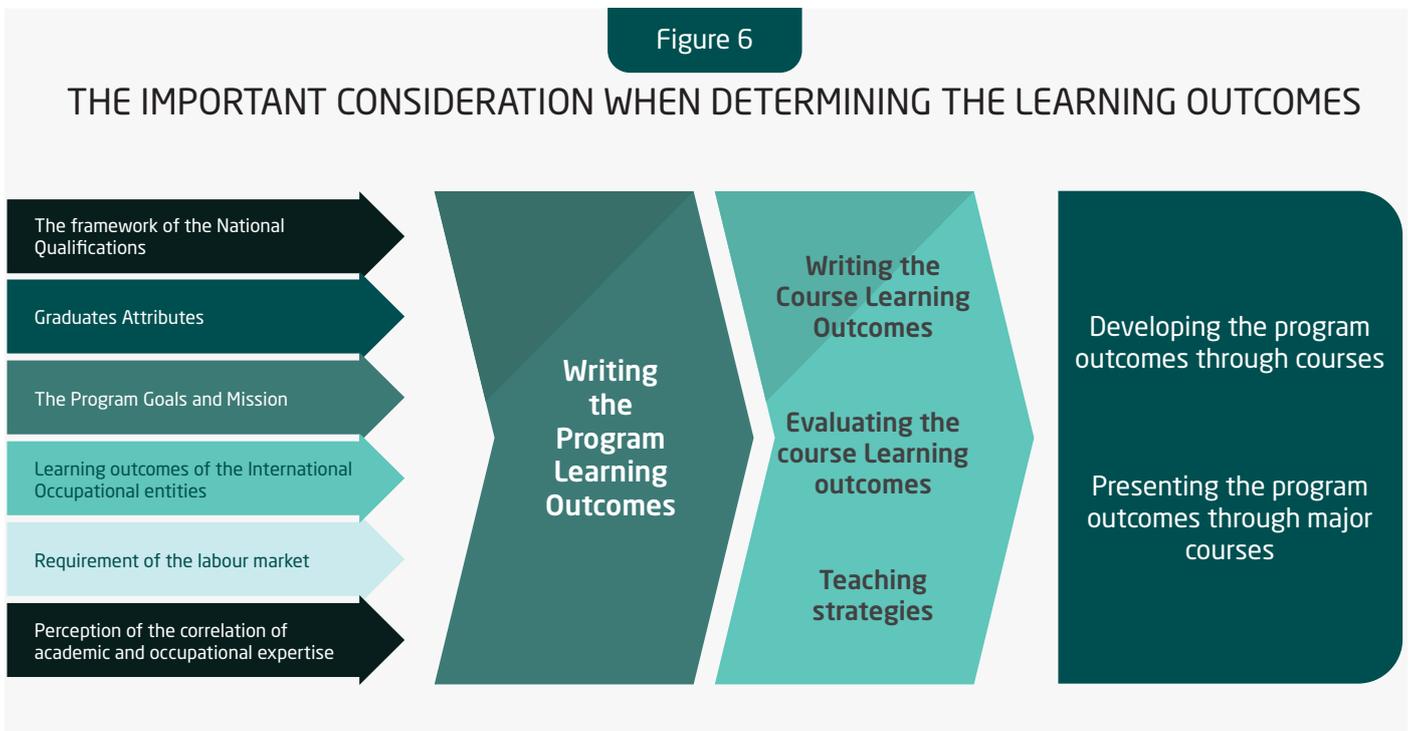
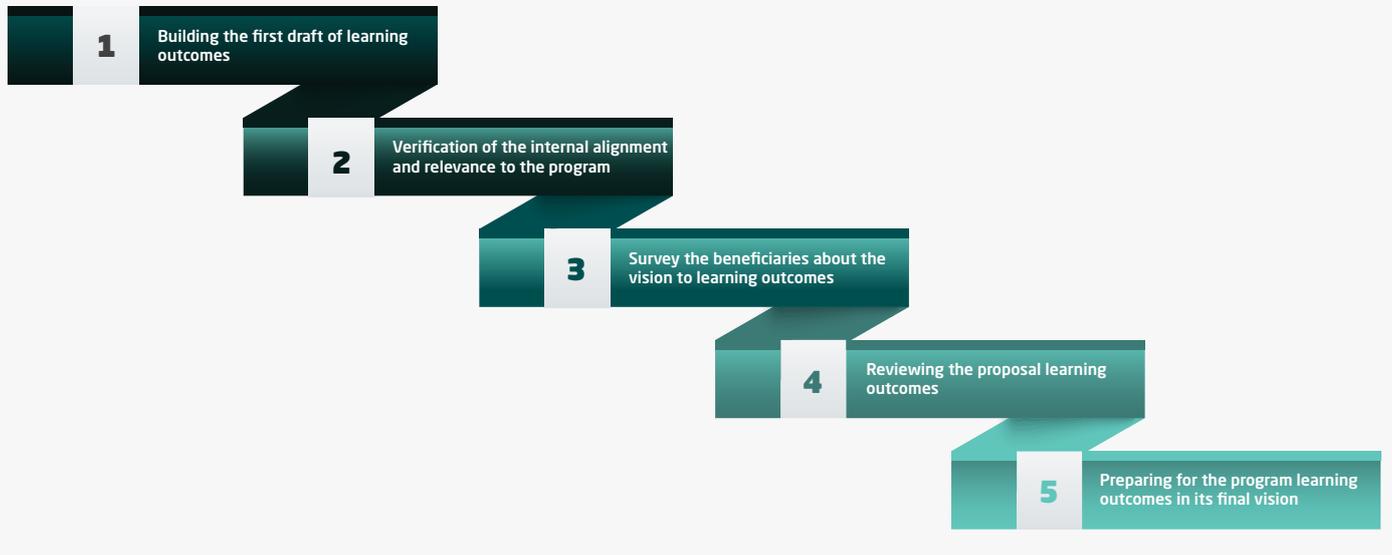


Figure 7

LEVELS OF BUILDING THE ACADEMIC PROGRAM LEARNING OUTCOMES



Mechanism for Assessing and Reviewing Learning Outcomes of the Nursing Sciences Program:

1. Designing the Learning Outcomes Assessment Plan:

- Develop a comprehensive plan to assess learning outcomes at the program level.
- Design a detailed assessment plan for learning outcomes at the course level (including both clinical and theoretical courses), clearly defining performance indicators and assigning responsibilities.

2. Implementing the Assessment Using Direct and Indirect Methods:

a. Direct Methods:

- Assess laboratory performance using checklists and clearly defined performance criteria.
- Evaluate results of theoretical and practical exams, laboratory reports, and projects.
- Assess clinical skills (if applicable) during practical training or internships.

b. Indirect Methods:

- Collect and analyse surveys and feedback from students, graduates, and employers.
- Evaluations by clinical training supervisors in hospitals or training centres.
- Statistical data related to:
 - » Employment rate of graduates
 - » Graduation rate
 - » Internship or clinical training completion rate

3. Analyzing Results and Making Improvement Decisions:

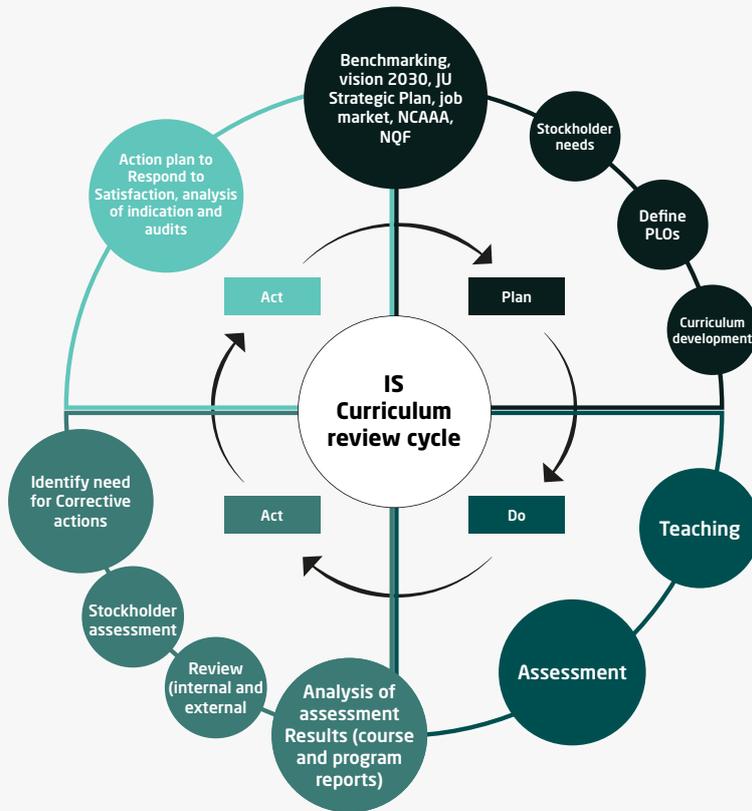
- The Learning Outcomes Committee regularly reviews and analyzes assessment data.
- Develop evidence-based improvement plans, which may include modifications to courses, teaching methods, or assessment tools.
- Obtain formal approval for improvement plans from the Department Councils and College Council.
- Monitor and follow up on the implementation of improvement actions in subsequent academic cycles.

Procedure 1. Graduate attributes and Learning outcomes:

- » The Learning Outcomes committee specifies the attributes that graduates should have, aligning them with the National Qualifications Framework (NQF) and ensuring that they align with the program's mission, while also meeting academic, and professional, and labor market standards.
- » The committee verifies that the development of graduate attributes is in line with the graduate attributes specified by PSAU.
- » The committee guarantees the development of graduate attributes in compliance with the program learning outcomes (PLOs).
- » The committee assures that the department council and college council have approved the graduate attributes.
- » The committee ensures that the graduate attributes are openly communicated and undergoes periodic assessments.
- » The committee identifies particular sectors within the Saudi labor market, as specified in the Saudi NTP Vision and the corresponding Job Classification framework.
- » The committee overseeing CLO-PLO assessment, collects assessment data from all faculty members to gauge students' progress in achieving the learning outcomes each semester.
- » The committee creates target-actual statements for each course, enabling the evaluation of faculty and student achievement and performance levels.

Figure 8

CURRICULUM REVIEW CYCLE



Procedure 2. Curriculum:

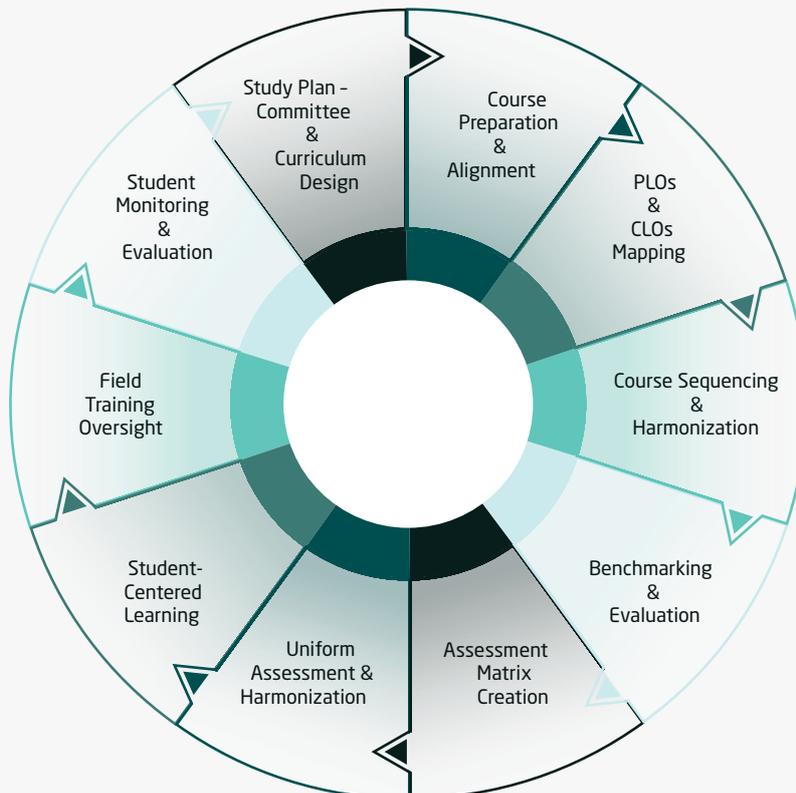
- » The study plan committee bears the responsibility of suggesting, designing, developing, and periodically modifying the program curriculum.
- » The study plan committee supervises the process of preparing course descriptions and course specifications, ensuring alignment with the field of specialization.
- » A matrix is devised by the committee to ensure coherence between program learning outcomes (PLOs) and Course learning outcomes (CLOs).
- » The committee harmonizes theoretical and applied courses, sequencing them logically based on the required level of understanding and comprehension.
- » The committee systematically compares and assesses all courses and modules through a combination of internal and external benchmarking.
- » The department actively facilitates sufficient provision for curricular and extracurricular activities in every semester.
- » An alignment matrix is created by the department to demonstrate how the learning outcomes of the courses correspond to the program learning outcomes.
- » The committee harmonizes the teaching and learning strategies and assessment methods

with the program learning outcomes (PLOs) and course learning outcomes (CLOs) to ascertain their accomplishment.

- » The faculty prioritizes student engagement and action learning as key components of their student-centered teaching and learning strategy.
- » The Program Coordinator, course coordinators, and individual instructors actively work together to ensure the study plan is uniformly implemented, encompassing both theory and practice, across both male and female sections.
- » The field training committee oversees the assignment of tasks to trainees, ensuring that each task serves a meaningful purpose in attaining the learning outcomes.
- » The field training committee actively engages with field supervisors and managers at training sites to ensure they are well-informed about the intended
- » learning outcomes and their significance.
- » The field training committee established a comprehensive system to supervise, track progress, and evaluate the performance of students during their field training.
- » The program maintains regular oversight of students' performance in individual courses, and the course coordinator ensures that the assessment of CLOs aligns with the corresponding PLOs.

Figure 9

PROGRAM CURRICULUM DEVELOPMENT AND IMPLEMENTATION



Procedure 3. Quality of Teaching and students' assessment:

- » All faculty members follow and implement the designated learning and teaching strategies, as well as the assessment methods outlined in the program and course specifications.
- » The Program fosters an environment conducive to dialogue and collaboration during meetings, where instructors are prompted to identify effective learning and teaching strategies and assessment methods.
- » Students are provided with a comprehensive course description at the beginning of every semester, encompassing pertinent details such as credit and contact hours, learning outcomes, teaching and learning strategies, assessment methods, and the scheduled intervals for assessments.
- » The effectiveness of teaching and learning strategies, along with assessment methods, is periodically evaluated using a combination of direct and indirect assessment methods.
- » A range of rewards and motivations are provided to honor and incentivize excellence and innovation in teaching.
- » The program adopts a policy of transparency by providing public access to course specifications, rules pertaining to learning outcomes, and grade calculation methods.
- » The Ithenticate software is periodically employed to conduct random checks on assignments and graduation projects, serving as a safeguard to ensure that the submitted work is the original output of the students.
- » The faculty members regularly provide feedback to students regarding their performance and offer suggestions for improvement.

Standard 3. Students:



Procedure 1. Students` admission and registration:

- » The College council decides the number of students to be admitted (for 4 years) based on comparisons and studies.
- » The College will determine additional requirements (if any) for admission and transfer to the program.
- » The student uploads information to the university website and fills the necessary forms.
- » The Admissions and Registration Department provides resources and support to students.
- » The student registers the study program with the help of the supervisor.
- » The Dean of Admissions and Registration will review student programs based on the conditions and policies.
- » The student publishes the class schedule on the academic website.
- » The student may drop or add certain courses after approval of the academic advisor.

Procedure 2. Transfer between Colleges / Programs / Universities:

- » The transfer request is confirmed by the student's academic performance after completing the form specified by the student.
- » The Equality Committee will review the application and consider it in accordance with the terms and conditions of the University.
- » The committee reports on the status of the application, approving or rejecting the application, supporting the reasons.
- » The College Council discusses the report of the committee and recommends acceptance or rejection in a memorandum to the Dean of Education and Academic Affairs of the College.
- » The request is submitted to the concerned College Board for approval or rejection of the trans-

fer request.

- » Send the solution to the authorized person to implement it.

Procedure 3. Initialization and guidance:

- » The Academic Advisory Committee prepares a timely plan to prepare students for the program.
- » The Faculty Council discusses the proposed study plan.
- » Academic Advisory Committee, a copy of the current plan to prepare students for the program after taking notes from the Faculty Council.
- » The Vice Dean for Academic Affairs will study the plan, considering the capacity of the college and other programs of the college.
- » The Academic Leadership Committee prepares the final version of the plan, taking into consideration the comments and recommendations of the Vice Dean for Academic Affairs.
- » The plan is submitted to the relevant department board for approval.
- » The College Council approves the plan.
- » The committee will carry out the activities of the plan under the supervision of the concerned councils.
- » The committee prepares a periodic report on the plan, supported by performance indicators and evidence.

Procedure 4. Student evaluation:

- » The examination committee will prepare a time plan for evaluating students (procedures and activities).
- » The College Council will discuss the student's evaluation schedule.
- » The examination committee prepares the final version of the plan after receiving comments from the departmental council.
- » The Vice Dean for Academic Affairs studies the plans, keeping in mind the capacity of the college and the plans of other college programs.
- » The examination committee prepares the final version of the plan, considering the opinions and recommendations of the Vice Dean for Academic and Educational Affairs.
- » The plan is submitted to the relevant department board for approval.
- » The college council has approved the plan.
- » The committee will supervise the planned activities in the respective councils.
- » The committee prepares a periodic report on the plan, supported by performance indicators and evidence.

Standard 4. Faculty Members:

Procedure 1. Staff Recruiting:

Appointment of Saudi lecturers or teaching assistants (TA):

- » An announcement is published on the official website of the university, and after the completion of the announcement deadline, all applications are sorted out to select those who meet the conditions of application. The list of eligible candidates is sent to the College.
- » The College conducts a written examination for all the shortlisted applicants. A personal interview is conducted by a college level committee for all candidates successful in the written examination. This committee comprises members of experienced faculty members and the department head.
- » All successful applicants are ranked according to their grades in the written test and interview. The College sends the recommendations as well as the number of teaching staff required by the departments. All appointments are approved by the Department Council as well as the College Council.
- » The process to appoint Saudi faculty members or transferring the services of a Saudi faculty member from another university to Prince Sattam bin Abdul-Aziz University involves a process with several stages:
 - The applicant's doctoral thesis is examined and a report is written by a panel of senior faculty members with academic and research experience.
 - A personal interview is carried out with the candidates through a committee formed at the college level, in which the department is represented by a senior faculty member or the department head
 - A second personal interview is conducted in the last stage with the permanent Committee for Promotions and Appointments at the university level. The department is also represented in this interview by a senior faculty member or the department head.
- » The process to appoint non-Saudi faculty members also takes place in several stages:
 - The CVs of the candidates for an academic position in the College are examined and official minutes are prepared by the College's "Outstanding Faculty Members Attraction Committee". The criteria of selection include an excellent record in teaching and research experience.
 - The committee submits its report and a list of recommended candidates to the dean of the college for further communication with the candidates and inform its decision.
 - After the selection, a contract is sent by the Dean of the College to the candidate to sign and send the acceptance.
 - Finally, all successful candidates are contacted by a committee formed by the university to complete the contracting procedures at the Saudi Cultural Attaché in the country of the candidates.

Procedure 2. University Support:

All faculty members of the program receive various forms of support:

- » At the beginning of the first semester of each year, the university organizes an orientation program (3-5 days) for all freshly recruited faculty members.
- » During each academic year, subsequently, various deanships such as Deanship of Development and Quality, Deanship of Scientific Research, and Deanship of Information Technology organize various workshops covering a wide range of professional /academic interest.
- » All faculty members are encouraged to attend and participate in 4-5 workshops per year. The participation and attendance certificates are taken into account in academic promotion or the annual appraisal reports prepared by the Head of the program.
- » The university, through Deanship of Scientific Research, offers various forms of sponsorship to support scientific research. Each staff member receives at least one research project every year
- » The university offers excellent learning resources either through Saudi digital library or the University central library
- » The college offers good environment for teaching and research activity
- » The program offers a chance for staff members to evaluate their research activity during Seminar activity held frequently during each Semester.
- » The university enables academic promotion for all faculty members, after satisfying certain conditions and rules.

Procedure 3. Performance:

All faculty members contribute in the program specific committees and activities:

- » All faculty members have teaching load according to their academic rank.
- » All faculty members, aside of their teaching load, have 5-6 hours as an office and academic advising hours in their weekly timetable.
- » All faculty members adopt various teaching strategies and assessment tools to evaluate student learning outcomes as prescribed in course specifications.
- » Faculty members are encouraged to give extra professional/academic workshops for undergraduate students, for the sake of improving their skills.
- » All faculty members are responsible for preparing course portfolio by the end of each semester.

Procedure 4. Evaluation; Teaching and Research:

- » The scientific research outcome of each faculty member is counted and reflected in his or her annual appraisal and evaluation report.
- » The exam committee examines the Exam papers of each course to ensure whether they are aligned to the prescribed program and course learning outcomes.
- » All faculty members are required to prepare PLO-CLO matrix to evaluate their learning outcomes according to the criteria of the Quality assurance unit of the College.

Standard 5. Learning Resources:

Procedure 1. Learning Resources:

- » Considering the total number of students and courses, the concerned committee determines what resources and reference materials are needed for the teaching and learning processes at the beginning of each semester.
- » Students and faculty members are asked to give feedback.
- » The department council submits the necessary learning resources for discussion and review.
- » The Department Council approves the required learning resources.
- » The vice dean of the respective college receives the required educational materials.
- » The College Council gets presented with the pertinent files for review and approval.
- » Key performance indicators are determined by obtaining feedback from the stakeholders, both students and faculty members, at the semester's end.
- » Formulating an action plan for development and improvement based on benchmarks and key performance indicators.
- » Reports are produced regularly regarding the program's learning resource availability.

Procedure 2: Facilities and Equipment:

- » Considering the total number of students and courses, the concerned committee determines the required sufficient facilities and equipment, like classrooms, laboratories, electronic resources, technology, and computers, needed to support teaching and learning processes at the beginning of each semester.
- » Students and faculty members are asked to provide feedback.
- » The required facilities and equipment are submitted for discussion and review by the department councils.
- » The Department Councils approves the required facilities and equipment.
- » The vice dean of the respective college receives the required educational materials.
- » The College Council gets presented with the pertinent files for review and approval.
- » Key performance indicators are determined by obtaining feedback from the stakeholders, both students and faculty members at the end of the semester.
- » Formulating an action plan for development and improvement based on benchmarks and key performance indicators.
- » The availability of facilities and equipment for the program is measured according to other equivalent national and international and international programs as a benchmark.
- » Reports are produced on a regular basis regarding the available facilities and equipment.

Procedure 3: Training Programs:

- » The committee determines what technical assistance, orientation, and training are necessary to ensure the efficient use of resources and learning tools at the beginning of each semester.

- » Students and faculty members are asked to provide feedback.
- » The required training programs are submitted for discussion and review by the department council.
- » The Department Council approves the required training programs.
- » The vice dean of the respective college receives the required training programs.
- » The College Council gets presented with the pertinent files for review and approval.
- » Key performance indicators are determined by obtaining feedback from the stakeholders both students and faculty members at the end of the semester.
- » Formulating an action plan for development and improvement based on benchmarks and key performance indicators.
- » Reports are produced on a regular basis regarding the available training programs.

NCAAA PROGRAM ACCREDITATION FORMS



Program Specification



Annual Program Report



Course Specifications



Course Reports



Field Experience Specifications



Field Experience Report



Self-Study Report for the Program



Self-Evaluation Scales for Higher Education Program



Program key performance indicators



Program Accreditation Standards



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